THE STANDARD EDITION
OF THE COMPLETE PSYCHOLOGICAL WORKS OF

SIGMUND FREUD

Translated from the German under the General Editorship of

JAMES STRACHEY

In Collaboration with

ANNA FREUD

Assisted by

ALIX STRACHEY and ALAN TYSON

VOLUME XVI

(1916–1917)

Introductory Lectures on Psycho-Analysis

(PART III)

LONDON

THE HOGARTH PRESS

AND THE INSTITUTE OF PSYCHO-ANALYSIS

For List of Volumes please see back of jacket

ISBN 0 7012 0067 7

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PUBLISHED BY
THE HOGARTH PRESS LIMITED
BY ARRANGEMENT WITH GEORGE ALLEN AND UNWIN LTD.
LONDON

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CLARKE, IRWIN AND CO. LTD.
TORONTO

This Edition first Published in 1963
Reprinted 1964, 1968, 1971, 1973, 1975, 1978, 1981 and 1986

ISBN 0 7012 0067 7

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TRANSLATION AND EDITORIAL MATTER
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AND ANGELA RICHARDS 1963

PRINTED AND BOUND IN GREAT BRITAIN
BY BUTLER AND TANNER LTD, FROME

CONTENTS

VOLUME SIXTEEN

INTRODUCTORY LECTURES ON PSYCHO-ANALYSIS (1916–1917 [1915–1917])

PART III. GENERAL THEORY OF THE NEUROSES (1917 [1916–17])

Lecture		
XVI	Psycho-Analysis and Psychiatry	*page* 243
XVII	The Sense of Symptoms	257
XVIII	Fixation to Traumas—The Unconscious	273
XIX	Resistance and Repression	286
XX	The Sexual Life of Human Beings	303
XXI	The Development of the Libido and the Sexual Organizations	320
XXII	Some Thoughts on Development and Regression—Aetiology	339
XXIII	The Paths to the Formation of Symptoms	358
XXIV	The Common Neurotic State	378
XXV	Anxiety	392
XXVI	The Libido Theory and Narcissism	412
XXVII	Transference	431
XXVIII	Analytic Therapy	448

BIBLIOGRAPHY AND AUTHOR INDEX 464

LIST OF ABBREVIATIONS 477

INDEX OF PARAPRAXES 478

INDEX OF DREAMS 480

INDEX OF SYMBOLS 481

GENERAL INDEX 483

PART III

GENERAL THEORY OF THE NEUROSES
(1917 [1916–17])

LECTURE XVI

PSYCHO-ANALYSIS AND PSYCHIATRY

LADIES AND GENTLEMEN, I am delighted to see you again, at the beginning of a new academic year, for a resumption of our discussions. Last year I spoke to you of the way in which psycho-analysis deals with parapraxes and dreams. This year I should like to introduce you to an understanding of the phenomena of neurosis, which, as you will soon learn, have a great deal in common with both of the others. But I must warn you in advance that I shall not be able to offer you the same position in relation to me this year as I did last year. At that time I set great store on never taking a step without remaining in agreement with your judgement; I discussed a great deal with you and gave way to your objections—in fact I recognized you and your 'common sense' as a deciding factor. But this is no longer possible and for a simple reason. Parapraxes and dreams were not unfamiliar to you as phenomena; we might say that you had as much experience or could easily obtain as much experience of them as I had. The region of the phenomena of neurosis is, however, strange to you; in so far as you are not doctors yourselves, you have no other access to them than through what I have to tell you; and of what help is the best judgement if it is not accompanied by familiarity with the material that is to be judged?

But you must not take this warning of mine to mean that I propose to give you dogmatic lectures and to insist on your unqualified belief. Such a misunderstanding would do me a grave injustice. I do not wish to arouse conviction; I wish to stimulate thought and to upset prejudices. If as a result of lack of knowledge of the material you are not in a position to form a judgement, you should neither believe nor reject. You should listen and allow what I tell you to work on you. It is not so easy to arrive at convictions, or, if they are reached easily, they soon turn out to be worthless and incapable of resistance. The only person who has a right to a conviction is someone who, like me, has worked for many years at the same material and who, in

doing so, has himself had the same new and surprising experiences. What is the good, then, in the sphere of the intellect, of these sudden convictions, these lightning-like conversions, these instantaneous rejections? Is it not clear that the '*coup de foudre*', love at first sight, is derived from quite another sphere, from that of the emotions? We do not even require of our *patients* that they should bring a conviction of the truth of psycho-analysis into the treatment or be adherents of it. Such an attitude often raises our suspicions. The attitude that we find the most desirable in them is a benevolent scepticism. So you too should endeavour to allow the psycho-analytic view to grow up quietly in you alongside of the popular or psychiatric one, till opportunities arise for the two to influence each other, to compete with each other and to unite in leading to a conclusion.

On the other hand, you should not for a moment suppose that what I put before you as the psycho-analytic view is a speculative system. It is on the contrary empirical—either a direct expression of observations or the outcome of a process of working them over. Whether this working-over has been carried out in an adequate and justifiable manner will appear in the course of the further advance of the science, and indeed I may assert without boasting, after a lapse of nearly twenty-five years, and having reached a fairly advanced age,[1] that these observations are the result of particularly hard, concentrated and deep-going work. I have often had an impression that our opponents were unwilling to take any account of this origin of our theses, as though they thought what was in question were merely subjectively determined notions to which someone else might oppose others of his own choice. This behaviour of our opponents is not entirely intelligible to me. It may perhaps be due to the fact that, as a doctor, one usually makes so little contact with neurotic patients and pays so little attention to what they say that one cannot imagine the possibility that anything valuable could be derived from their communications—the possibility, that is, of carrying out any thorough observations upon them. I take this opportunity of assuring you that in the course of these lectures I shall indulge in very little controversy, especially with individuals. I have never been able to convince myself of

[1] [Freud was about 60 at this time.]

the truth of the maxim that strife is the father of all things. I believe it is derived from the Greek sophists and is at fault, like them, through overvaluing dialectics. It seems to me, on the contrary, that what is known as scientific controversy is on the whole quite unproductive, apart from the fact that it is almost always conducted on highly personal lines. Up to a few years ago I was able to boast that I had only once engaged in a regular scientific dispute with one single worker (Löwenfeld of Munich).[1] It ended in our becoming friends and we have remained so to this day. But I did not repeat the experiment for a long time, as I did not feel sure that the outcome would be the same.[2]

Now you will no doubt conclude that a rejection such as this of all written discussion argues a high degree of inaccessibility to objections, of obstinacy, or, to use the polite colloquial scientific term, of pig-headedness [*Verranntheit*]. I should like to say in reply that when once, after such hard work, one has arrived at a conviction, one has at the same time acquired a certain right to retain that conviction with some tenacity. I may also urge that in the course of my work I have modified my views on a few important points, changed them and replaced them by fresh ones—and in each case, of course, I have made this publicly known. And the outcome of this frankness? Some people have taken no notice whatever of my self-corrections and continue to this day to criticize me for hypotheses which have long ceased to have the same meaning for me. Others reproach me precisely for these changes and regard me as untrustworthy on their account. Of course! a person who has occasionally changed his opinions is deserving of no belief at all, since he has made it all too likely that his latest assertions may also be mistaken; but a person who has unflinchingly maintained what he once asserted, or who cannot be quickly enough persuaded to give it up, must naturally be pig-headed or stubborn! What

[1] [This was on the subject of Freud's early theories on anxiety. His second paper on the question (1895*f*) was entirely concerned with Löwenfeld's criticisms. Löwenfeld himself, though never wholly adherent to Freud's views, later became much more favourable to them. Cf. the Editor's Note to that paper, *Standard Ed.*, 3, 121.]

[2] [Here—and elsewhere in this volume—Freud's much more recent controversies with Adler and Jung, especially at this 'History of the Psycho-Analytic Movement' (1914*d*).]

can one do, in the face of these contradictory objections by the critics, but remain as one is and behave in accordance with one's own judgement? I am resolved to do that, and I shall not be deterred from modifying or withdrawing any of my theories, as my advancing experience may require. In regard to *fundamental* discoveries I have hitherto found nothing to alter, and I hope this will remain true in the future.[1]

I am to put before you, then, the psycho-analytic view of the phenomena of neurosis. In doing so, the best plan would seem to be to make a start in connection with the phenomena we have already dealt with, for the sake both of analogy and contrast; and I will begin with a symptomatic action [p. 61] which I have seen many people perform during my consulting hours. We analysts cannot do much for the people who come to us in our consulting-room to lay before us in a quarter of an hour the miseries of a long lifetime. Our deeper knowledge makes it difficult for us to give the kind of opinion another doctor would 'There's nothing wrong with you'—with the added advice: 'You should arrange for a mild hydropathic treatment.' One of my colleagues who was asked what he did with his consultation patients shrugged his shoulders and replied: 'I fine them so-and-so many *Kronen* for a frivolous waste of time.' So you will not be surprised to hear that even in the case of busy psycho-analysts their consulting hours are not apt to be very lively. I have had the ordinary door between my waiting-room and my consulting- and treatment-room doubled

[1] [Perhaps the chief change in Freud's views up to the time of this lecture had been his abandonment of the purely traumatic causation of the neuroses and his insistence instead on the importance of the innate instinctual forces and on the great part played by phantasies. On this see his paper on the part played by sexuality in the neuroses (1906*a*), *Standard Ed.*, **7**, 273–8. Later on there were, of course, to be further important changes in his views—for instance on the nature of anxiety (cf. *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., **20**, 157 ff.) and on the sexual development of women (cf. the Editor's Note to 'Some Psychical Consequences of the Anatomical Distinction between the Sexes' (1925*j*), ibid., **19**, 243 ff.). But what lay ahead above all were a revision of the theory of the instincts in *Beyond the Pleasure Principle* (1920*g*) and a new structural picture of the mind in *The Ego and the Id* (1923*b*). All these changes were to be discussed fifteen years later in the *New Introductory Lectures* (1933*a*).]

and given a baize lining. There can be no doubt about the purpose of this arrangement. Now it constantly happens that a person whom I have brought in from the waiting-room omits to shut the door behind him and almost always he leaves *both* doors open. As soon as I notice this I insist in a rather unfriendly tone on his or her going back and making good the omission — even if the person concerned is a well-dressed gentleman or a fashionable lady. This makes an impression of uncalled-for pedantry. Occasionally, too, I have put myself in a foolish position by making this request when it has turned out to be a person who cannot touch a door-handle himself and is glad if someone with him spares him the necessity. But in the majority of cases I have been right; for anyone who behaves like this and leaves the door open between a doctor's waiting-room and consulting-room is ill-mannered and deserves an unfriendly reception. But do not take sides over this till you have heard the sequel. For this carelessness on the part of the patient only occurs when he has been alone in the waiting-room and has therefore left an empty room behind him; it never happens if other people, strangers to him, have been waiting with him. In this latter case he knows quite well that it is in his interest not to be overheard while he is talking to the doctor, and he never fails to shut both the doors carefully.

Thus the patient's omission is neither accidentally nor senselessly determined; and indeed it is not unimportant, for, as we shall see, it throws light on the newcomer's attitude to the doctor. The patient is one of the great multitude who have a craving for mundane authority, who wish to be dazzled and intimidated. He may have enquired on the telephone as to the hour at which he could most easily get an appointment; he had formed a picture of a crowd of people seeking for help, like the crowd outside one of Julius Meinl's branches.[1] He now comes into an empty, and moreover extremely modestly furnished, waiting-room, and is shocked. He has to make the doctor pay for the superfluous respect which he had intended to offer him. So—he omits to shut the door between the waiting-room and the consulting-room. What he means to say to the doctor by his conduct is: 'Ah, so there's no one here and no one's likely to

[1] [The war-time queue outside one of the popular Austrian grocery chain-stores.]

come while I'm here.' He would behave equally impolitely and disrespectfully during the consultation if his arrogance were not given a sharp reprimand at the very beginning.

The analysis of this small symptomatic action tells you nothing you did not know before. the thesis that it was not a matter of chance but had a motive, a sense and an intention, that it had a place in an assignable mental context and that it provided information, by a small indication, of a more important mental process. But, more than anything else, it tells you that the process thus indicated was unknown to the consciousness of the person who carried out the action, since none of the patients who left the two doors open would have been able to admit that by this omission he wanted to give evidence of his contempt. Some of them would probably have been aware of a sense of disappointment when they entered the empty waiting-room; but the connection between this impression and the symptomatic action which followed certainly remained unknown to their consciousness.

Beside this small analysis of a symptomatic action we will now place an observation on a patient. I choose this one because it is fresh in my memory, but also because it can be reported comparatively briefly. A certain amount of detail is indispensable in any such account.

A young officer, home on short leave, asked me to undertake the treatment of his mother-in-law, who, though in the happiest circumstances, was embittering her own life and the lives of her relatives through an absurd idea. In this way I made the acquaintance of a well-preserved lady of fifty-three, friendly and simple in her nature, who told me the following story without any reluctance. She lived in the country, most happily married, with her husband, who was at the head of a large factory. She could not give enough praise to her husband's affectionate solicitude. It had been a love-match thirty years ago, and since then there had never been any trouble, discord or cause for jealousy. Her two children were happily married; her husband (and their father), out of a sense of duty, was not yet willing to retire. A year before, she had received an anonymous letter accusing her excellent husband of a love affair with a young girl; and the incredible — and to herself unintelligible

—result was that she immediately believed it, and since then her happiness had been destroyed. The course of events, in greater detail, was something like this. She had a housemaid with whom she used, perhaps too often, to have intimate talks. This girl pursued another one with a positively malicious hostility because she had done so much better for herself in life, though she was of no higher origin. Instead of going into service, this other girl had managed to get a commercial training, had entered the factory and, as a result of shortness of personnel, owing to members of the staff being called up for military service, she was promoted to a good position. She now lived in the factory itself, had social relations with all the gentlemen and was actually addressed as 'Fräulein'. The girl who had made less of a success in life was of course ready to repeat all kinds of bad things of her former schoolmate. One day our lady had a conversation with the housemaid about a gentleman who had been staying with them, who was well known not to be living with his wife but to be having an affair with another woman. She did not know how it happened, but she suddenly said: 'The most dreadful thing that could happen to me would be if I were to learn that my dear husband was having an affair too.' The next day she received an anonymous letter by post which, as though by magic, gave her this very information, written in a disguised hand. She decided, probably rightly, that the letter was the work of the malicious housemaid, since it specified as her husband's mistress the girl whom the servant pursued with her hatred. But although she at once saw through the intrigue and had seen enough instances where she lived of how little credence such cowardly denunciations deserved, what happened was that the letter instantly prostrated her. She became terribly excited, sent for her husband at once and reproached him violently. Her husband laughed the accusation off and did the best possible thing. He brought in the family doctor (who was also the factory doctor), who made efforts to soothe the unfortunate lady. The further conduct of both of them was also entirely sensible. The housemaid was dismissed, but the alleged rival was not. Since then the patient had repeatedly been pacified to the point of no longer believing the content of the anonymous letter, but never thoroughly and never for long. It was enough for her to hear the young lady's name mentioned or

to meet her in the street and a fresh attack of distrust, pain and reproaches would burst out in her.

This, then, is the case history of this excellent woman. Not much psychiatric experience was needed to understand that, in contrast to other neurotics, she was giving too mild an account of her case—that she was, as we say, dissimulating—and that she had never really got over her belief in the accusation contained in the anonymous letter.

What attitude, then, will a psychiatrist adopt in a case of illness like this? We know already how he would behave to the symptomatic action of the patient who fails to shut the consulting-room door. He pronounces it to be a chance event of no psychological interest with which he has no further concern. But this procedure cannot be carried over to the illness of the jealous woman. The symptomatic action seems to be a matter of indifference; but the symptom forces itself on our attention as a matter of importance. It is accompanied by intense subjective suffering and, as an objective fact, it threatens the communal life of a family; it is thus an undeniable subject of psychiatric interest. The psychiatrist will start by endeavouring to characterize the symptom by some essential feature. The idea with which the woman torments herself cannot in itself be called absurd; it does, indeed, happen that elderly gentlemen have love affairs with young girls. But there is something else about it which is absurd and hard to understand. The patient had no other reason at all for believing that her affectionate and loyal husband belonged to this otherwise not so rare class of husbands except what was asserted in the anonymous letter. She knew that this document had no evidential value and she was able to give a satisfying explanation of its origin. She ought therefore to have been able to tell herself that she had no ground whatever for her jealousy, and she did tell herself so. But in spite of this she suffered as much as if she regarded this jealousy as completely justified. Ideas of this kind, which are inaccessible to logical arguments based on reality, are by general agreement described as *delusions*. The good lady, then, was suffering from *delusions of jealousy*. This is no doubt the essential feature of this case of illness.

After this first point has been established our psychiatric interest will become even livelier. If a delusion is not to be got

rid of by a reference to reality, no doubt it did not originate from reality either. Where else did it originate? There are delusions of the most varied content: why in our case is the content of the delusion jealousy in particular? In what kind of people do delusions, and especially delusions of jealousy, come about? We should like to hear what the psychiatrist has to say about this; but at this point he leaves us in the lurch. He enters into only a single one of our enquiries. He will investigate the woman's family history and will *perhaps* give us this reply: 'Delusions come about in people in whose families similar and other psychical disorders have repeatedly occurred.' In other words, if this woman developed a delusion she was predisposed to it by hereditary transmission. No doubt that is something; but is it all we want to know? Was this the only thing that contributed to the causation of the illness? Must we be content to suppose that it is a matter of indifference or caprice or is inexplicable whether a delusion of jealousy arises rather than any other sort? And ought we to understand the assertion of the predominance of the hereditary influence in a negative sense as well — that no matter what experiences this woman's mind encountered she was destined some time or other to produce a delusion? You will want to know why it is that scientific psychiatry will give us no further information. But my reply to you is, 'he is a rogue who gives more than he has.' The psychiatrist knows no way of throwing more light on a case like this one. He must content himself with a diagnosis and a prognosis — uncertain in spite of a wealth of experience — of its future course.

But can psycho-analysis do more here? Yes, it actually can. I hope to be able to show you that, even in a case so hard of access as this, it can discover something which makes a first understanding possible. And to begin with I would draw your attention to the inconspicuous detail that the patient herself positively provoked the anonymous letter, which now gave support to her delusion, by informing the scheming housemaid on the previous day that it would cause her the greatest unhappiness if her husband had a love affair with a young girl. In this way she first put the notion of sending the anonymous letter into the housemaid's head. Thus the delusion acquires a certain independence of the letter, it had been present already in the patient as a fear — or was it as a wish? Let us now add to

this the small further indications yielded by only two analytic sessions. The patient, indeed, behaved in a very unco-operative way when, after telling me her story, she was asked for her further thoughts, ideas and memories. She said that nothing occurred to her, that she had told me everything already, and after two sessions the experiment with me had in fact to be broken off because she announced that she already felt well and that she was sure the pathological idea would not come back. She only said this, of course, from resistance and from dread of the continuation of the analysis. Nevertheless, during these two sessions she let fall a few remarks which allowed of, and indeed necessitated, a particular interpretation; and this interpretation threw a clear light on the genesis of her delusion of jealousy. She herself was intensely in love with a young man, with the same son-in-law who had persuaded her to come to me as a patient. She herself knew nothing, or perhaps only a very little, of this love; in the family relationship that existed between them it was easy for this passionate liking to disguise itself as innocent affection. After all our experiences elsewhere, it is not hard for us to feel our way into the mental life of this upright wife and worthy mother, of the age of fifty-three. Being in love like this, a monstrous and impossible thing, could not become conscious; but it remained in existence and, even though it was unconscious, it exercised a severe pressure. Something had to become of it, some relief had to be looked for; and the easiest mitigation was offered, no doubt, by the mechanism of displacement which plays a part so regularly in the generating of delusional jealousy. If not only were she, the old woman, in love with a young man, but if also her old husband were having a love affair with a young girl, then her conscience would be relieved of the weight of her unfaithfulness. The phantasy of her husband's unfaithfulness thus acted as a cooling compress on her burning wound. Her own love had not become conscious to her, but its mirror-reflection, which brought her such an advantage, now became conscious as an obsession and delusion. No arguments against it could, of course, have any effect, for they were only directed against the mirror-image and not against the original which gave the other its strength and which lay hidden, inviolable, in the unconscious.

Let us now bring together what this effort at a psycho-

analysis, short and impeded as it was, has brought to light for an understanding of this case—assuming, of course, that our enquiries were correctly carried out, which I cannot here submit to your judgement. Firstly, the delusion has ceased to be absurd or unintelligible; it had a sense, it had good motives and it fitted into the context of an emotional experience of the patient's. Secondly, the delusion was necessary, as a reaction to an unconscious mental process which we have inferred from other indications, and it was precisely to this connection that it owed its delusional character and its resistance to every logical and realistic attack. It itself was something desired, a kind of consolation. Thirdly, the fact that the delusion turned out to be precisely a jealous one and not one of another kind was unambiguously determined by the experience that lay behind the illness.[1] You recall of course that, the day before, she had told the scheming maid that the most dreadful thing that could happen to her would be her husband's unfaithfulness. Nor will you have overlooked the two important analogies between this case and the symptomatic action which we analysed—the explanation of its sense or intention and its relation to something unconscious that was involved in the situation.

Naturally this does not answer all the questions that we might ask in connection with this case. On the contrary, the case bristles with further problems—some that have in general not yet become soluble and others which could not be solved owing to the particular circumstances being unfavourable. For instance, why did this lady who was happily married fall in love with her son-in-law? and why did the relief, which might have been possible in other ways, take the form of this mirror-image, this projection of her state on to her husband? You must not think it is otiose or frivolous to raise such questions. We already have some material at our disposal which might possibly serve to answer them. The lady was at a critical age, at which sexual needs in women suffer a sudden and undesired increase; that alone might account for the event. Or it may further have been that her excellent and faithful husband had for some years no longer enjoyed the sexual capacity which the well-preserved woman required for her satisfaction. Experience has shown us

[1] [This sentence occurs in a less clear form in some of the earlier German editions.]

that it is precisely men in this position, whose faithfulness can consequently be taken for granted, who are distinguished by treating their wives with unusual tenderness, and by showing particular forbearance for their nervous troubles. Or, again, it may not be without significance that the object of this pathogenic love was precisely the young husband of one of her daughters. A powerful erotic tie with a daughter, which goes back in the last resort to the mother's sexual constitution, often finds a way of persisting in a transformation of this sort. In this connection I may perhaps remind you that the relation between mother-in-law and son-in-law has been regarded from the earliest times of the human race as a particularly awkward one and that among primitive people it has given rise to very powerful taboo regulations and 'avoidances'.[1] The relation is frequently excessive by civilized standards both in a positive and negative direction. Which of these three factors became operative in our case, or whether two of them or perhaps all three came together, I cannot, it is true, tell you; but that is only because I was not permitted to continue the analysis of the case for more than two sessions.

I notice now, Gentlemen, that I have been talking to you about a number of things which you are not yet prepared to understand. I did so in order to carry out the comparison between psychiatry and psycho-analysis. But there is one thing that I can ask you now. Have you observed any sign of a contradiction between them? Psychiatry does not employ the technical methods of psycho-analysis; it omits to make any inferences from the *content* of the delusion, and, in pointing to heredity, it gives us a very general and remote aetiology instead of indicating first the more special and proximate causes. But is there a contradiction, an opposition in this? Is it not rather a case of one supplementing the other? Does the hereditary factor contradict the importance of experience? Do not the two things rather combine in the most effective manner? You will grant that there is nothing in the nature of psychiatric work which could be opposed to psycho-analytic research. What is opposed to psycho-analysis is not psychiatry but psychiatrists. Psycho-

[1] See my *Totem and Taboo* (1912–13) [Essay I, *Standard Ed.*, **13**, 12 ff.].

analysis is related to psychiatry approximately as histology is to anatomy: the one studies the external forms of the organs, the other studies their construction out of tissues and cells. It is not easy to imagine a contradiction between these two species of study, of which one is a continuation of the other. To-day, as you know, anatomy is regarded by us as the foundation of scientific medicine. But there was a time when it was as much forbidden to dissect the human cadaver in order to discover the internal structure of the body as it now seems to be to practise psycho-analysis in order to learn about the internal mechanism of the mind. It is to be expected that in the not too distant future it will be realized that a scientifically based psychiatry is not possible without a sound knowledge of the deeper lying unconscious processes in mental life.

Perhaps, however, the much-abused psycho-analysis has friends among you who will be pleased if it can be justified from another direction from the therapeutic side. As you know, our psychiatric therapy is not hitherto able to influence delusions. Is it possible, perhaps, that psycho-analysis can do so, thanks to its insight into the mechanism of these symptoms? No, Gentlemen, it cannot. It is as powerless (for the time being at least) against these ailments as any other form of therapy. *We* can understand, indeed, what has happened in the patient, but we have no means of making the patient himself understand it. You have heard how I was unable to pursue the analysis of this delusion beyond a first beginning. Will you be inclined to maintain on that account that an analysis of such cases is to be rejected because it is fruitless? I think not. We have a right, or rather a duty, to carry on our research without consideration of any immediate beneficial effect. In the end we cannot tell where or when every little fragment of knowledge will be transformed into power, and into therapeutic power as well. Even if psycho-analysis showed itself as unsuccessful in every other form of nervous and psychical disease as it does in delusions, it would still remain completely justified as an irreplaceable instrument of scientific research. It is true that in that case we should not be in a position to practise it. The human material on which we seek to learn, which lives, has its own will and needs its motives for co-operating in our work, would hold back from us. Let me therefore end my remarks to-day by

informing you that there are extensive groups of nervous disorders in which the transformation of our better understanding into therapeutic power has actually taken place, and that in these illnesses, which are difficult of access by other means, we achieve, under favourable conditions, successes which are second to no others in the field of internal medicine.[1]

[1] [Psycho-analysis as a method of psychotherapy is the subject of the last lecture of the series (XXVIII).]

LECTURE XVII

THE SENSE OF SYMPTOMS

LADIES AND GENTLEMEN, In the last lecture I explained to you that clinical psychiatry takes little notice of the outward form or content of individual symptoms, but that psycho-analysis takes matters up at precisely that point and has established in the first place the fact that symptoms have a sense and are related to the patient's experiences. The sense of neurotic symptoms was first discovered by Josef Breuer from his study and successful cure (between 1880 and 1882) of a case of hysteria which has since become famous. It is true that Pierre Janet brought forward the same evidence independently; indeed, the French worker can claim priority of publication, for it was only a decade later (in 1893 and 1895), while he was collaborating with me, that Breuer published his observation. In any case it may seem a matter of some indifference who made the discovery, for, as you know, every discovery is made more than once and none is made all at once. And, apart from this, success does not always go along with merit. America is not named after Columbus. The great psychiatrist Leuret[1] gave it as his opinion, before Breuer and Janet, that even the delusional ideas of the insane would certainly be found to have a sense if only we understood how to translate them. I must admit that for a long time I was prepared to give Janet very great credit for throwing light on neurotic symptoms, because he regarded them as expressions of *idées inconscientes* which dominated the patients.[2] But since then he has expressed himself with exaggerated reserve, as if he wanted to admit that the unconscious had been nothing more to him than a form of words, a makeshift, *une façon de parler*, that he had meant nothing real by it.[3] Since then I have ceased to understand Janet's writings; but I think he has unnecessarily forfeited much credit.

Thus neurotic symptoms have a sense, like parapraxes and

[1] [François Leuret (1797–1851). Leuret, 1834, 131.)]

[2] [See, for example, Janet, 1888.]

[3] [For the gist of this see Janet, 1913, 30.]

dreams, and, like them, have a connection with the life of those who produce them. I should now like to make this important discovery plainer to you by a few examples. I can indeed only assert, I cannot prove, that it is always and in every instance so. Anyone who looks for experiences himself, will find convincing evidence. But for certain reasons I shall choose these examples from cases not of hysteria but of another, highly remarkable neurosis which is fundamentally very much akin to it and about which I have a few introductory remarks to make.

This neurosis, known as 'obsessional neurosis', is not so popular as the universally familiar hysteria. It is not, if I may express myself thus, so obtrusively noisy, it behaves more like a private affair of the patient's, it dispenses almost entirely with somatic phenomena, and creates all its symptoms in the mental sphere. Obsessional neurosis and hysteria are the forms of neurotic illness upon the study of which psycho-analysis was first built, and in the treatment of which, too, our therapy celebrates its triumphs. But obsessional neurosis, in which the puzzling leap from the mental to the physical plays no part, has actually, through the efforts of psycho-analysis, become more perspicuous and familiar to us than hysteria, and we have learnt that it displays certain extreme characteristics of the nature of neurosis far more glaringly.

Obsessional neurosis is shown in the patient's being occupied with thoughts in which he is in fact not interested, in his being aware of impulses in himself which appear very strange to him and in his being led to actions the performance of which give him no enjoyment, but which it is quite impossible for him to omit. The thoughts ('obsessions') may be senseless in themselves, or merely a matter of indifference to the subject; often they are completely silly, and invariably they are the starting-point of a strenuous mental activity, which exhausts the patient and to which he only surrenders himself most unwillingly. He is obliged against his will to brood and speculate as though it were a question of his most important vital problems. The impulses which the patient is aware of in himself may also make a childish and senseless impression, but as a rule they have a content of the most frightful kind, tempting him, for instance, to commit serious crimes, so that he not merely disavows them as

alien to himself, but flies from them in horror and protects himself from carrying them out by prohibitions, renunciations and restrictions upon his freedom. At the same time, these impulses never—literally never—force their way through to performance; the outcome lies always in victory for the flight and the precautions. What the patient actually carries out—his so-called obsessional actions—are very harmless and certainly trivial things, for the most part repetitions or ceremonial elaborations of the activities of ordinary life. But these necessary activities (such as going to bed, washing, dressing or going for a walk) become extremely tedious and almost insoluble tasks. In different forms and cases of obsessional neurosis the pathological ideas, impulses and actions are not combined in equal proportions; it is the rule, rather, that one or other of these factors dominates the picture and gives its name to the illness, but the common element in all these forms is sufficiently unmistakable.

Certainly this is a crazy illness. The most extravagant psychiatric imagination would not, I think, have succeeded in constructing anything like it, and if one did not see it before one every day one would never bring oneself to believe in it. Do not suppose, however, that you will help the patient in the least by calling on him to take a new line, to cease to occupy himself with such foolish thoughts and to do something sensible instead of his childish pranks. He would like to do so himself, for he is completely clear in his head, shares your opinion of his obsessional symptoms and even puts it forward to you spontaneously. Only he cannot help himself. What is carried into action in an obsessional neurosis is sustained by an energy to which we probably know nothing comparable in normal mental life. There is only one thing he can do: he can make displacements, and exchanges, he can replace one foolish idea by another somewhat milder, he can proceed from one precaution or prohibition to another, instead of one ceremonial he can perform another. He can displace the obsession but not remove it. The ability to displace any symptom into something far removed from its original conformation is a main characteristic of this illness. Moreover it is a striking fact that in this connexion the contradictions (polarities) with which mental life is interlaced [cf. p. 301 below] emerge especially sharply differentiated. Alongside of obsessions with a positive and negative content, *doubt* makes itself felt in

the intellectual field and little by little it begins to gnaw even at what is usually most certain. The whole position ends up in an ever-increasing degree of indecision, loss of energy and restriction of freedom. At the same time, the obsessional neurotic starts off with a very energetic disposition, he is often extraordinarily self-willed and as a rule he has intellectual gifts above the average. He has usually reached a satisfactorily high level of ethical development; he exhibits over-conscientiousness, and is more than ordinarily correct in his behaviour. You can imagine that no small amount of work is needed before one can make one's way any distance into this contradictory hotchpotch of character-traits and symptoms. And to begin with we aim at nothing whatever else than understanding a few of the symptoms and being able to interpret them.

Perhaps you would like to know in advance, having in mind our earlier talks, what attitude contemporary psychiatry adopts towards the problems of obsessional neurosis. But it is a meagre chapter. Psychiatry gives names to the different obsessions but says nothing further about them. On the other hand it insists that those who suffer from these symptoms are 'degenerates'. This gives small satisfaction; in fact it is a judgement of value—a condemnation instead of an explanation. We are supposed to think that every possible sort of eccentricity may arise in degenerates. Well, it is true that we must regard those who develop such symptoms as somewhat different in their nature from other people. But we may ask: are they more 'degenerate' than other neurotics—than hysterical patients, for instance, or those who fall ill of psychoses? Once again, the characterization is evidently too general. Indeed, we may doubt whether there is any justification for it at all, when we learn that such symptoms occur too in distinguished people of particularly high capacities, capacities important for the world at large. It is true that, thanks to their own discretion and to the untruthfulness of their biographers, we learn little that is intimate about the great men who are our models; but it may nevertheless happen that one of them, like Émile Zola, may be a fanatic for the truth, and we then learn from him of the many strange obsessional habits to which he was a life-long victim.[1]

Psychiatry has found a way out by speaking of '*dégénérés*

[1] E. Toulouse, *Émile Zola, enquête medico-psychologique*, Paris, 1896.

supérieurs'. Very nice. But we have found from psycho-analysis that it is possible to get permanently rid of these strange obsessional symptoms, just as of other complaints and just as in people who are not degenerate. I myself have succeeded repeatedly in this.[1]

I shall give you only two examples of the analysis of an obsessional symptom: one an old observation which I cannot find a better one to replace, and another recently met with. I limit myself to this small number, because it is impossible in such reports to avoid being very diffuse and entering into every detail.

A lady, nearly thirty years of age, who suffered from the most severe obsessional manifestations and whom I might perhaps have helped if a malicious chance had not brought my work to nothing I may be able to tell you more about this later on— performed (among others the following remarkable obsessional action many times a day. She ran from her room into another neighbouring one, took up a particular position there beside a table that stood in the middle, rang the bell for her housemaid, sent her on some indifferent errand or let her go without one, and then ran back into her own room. This was certainly not a very distressing symptom, but was nevertheless calculated to excite curiosity. The explanation was reached in the most unequivocal and unobjectionable manner, free from any possible contribution on the doctor's part. I cannot see how I could possibly have formed any suspicion of the sense of this obsessional action or could have offered any suggestion on how it was to be interpreted. Whenever I asked the patient 'Why do you do that? What sense has it?' she answered: 'I don't know.' But one day, after I had succeeded in defeating a major, fundamental doubt of hers, she suddenly knew the answer and told me what it was that was connected with the obsessional action. More than ten years before, she had married a man very much older than herself, and on the wedding-night he was impotent.

[1] Freud probably discussed obsessional neurosis more often than any other disorder from the beginning of his career almost to the end of it. A list of some of the more important references will be found in an Appendix to his 'Notes upon a Case of Obsessional Neurosis' (1909*d*), *Standard Ed.*, **10**, 319–20.]

Many times during the night he had come running from his room into hers to try once more, but every time without success. Next morning he had said angrily: 'I should feel ashamed in front of the housemaid when she makes the bed,' took up a bottle of red ink that happened to be in the room and poured its contents over the sheet, but not on the exact place where a stain would have been appropriate. I could not understand at first what this recollection had to do with the obsessional action in question; the only resemblance I could find was in the repeated running from one room into the other, and perhaps also in the entrance of the housemaid. My patient then led me up to the table in the second room and showed me a big stain on the tablecloth. She further explained that she took up her position in relation to the table in such a way that the maid who had been sent for could not fail to see the stain. There could no longer be any doubt of the intimate connection between the scene on her wedding-night and her present obsessional action, though all kinds of other things remained to be learnt.

It was clear, in the first place, that the patient was identifying herself with her husband; she was playing his part by imitating his running from one room into the other. Further, to carry on the analogy, we must agree that the bed and the sheet were replaced by the table and the tablecloth. This might seem arbitrary, but surely we have not studied dream-symbolism to no purpose. In dreams too we often find a table which has to be interpreted as a bed. Table and bed[1] together stand for marriage, so that the one can easily take the place of the other.

It already seems proved that the obsessional action had a sense; it appears to have been a representation, a repetition, of the significant scene. But we are not obliged to come to a halt here. If we examine the relation between the two more closely, we shall probably obtain information about something that goes further—about the intention of the obsessional action. Its kernel was obviously the summoning of the housemaid, before whose eyes the patient displayed the stain, in contrast to her husband's remark that he would feel ashamed in front of the maid. Thus he, whose part she was playing, did not feel ashamed in front of the maid; accordingly the stain was in the

[1] [The English phrase is 'bed and board', which is itself a translation of a law-Latin term for marriage.]

right place. We see, therefore, that she was not simply repeating the scene, she was continuing and at the same time correcting it; she was putting it right. But by this she was also correcting the other thing, which had been so distressing that night and had made the expedient with the red ink necessary – his impotence. So the obsessional action was saying: 'No, it's not true. He had no need to feel ashamed in front of the housemaid; he was not impotent.' It represented this wish, in the manner of a dream, as fulfilled in a present-day action; it served the purpose of making her husband superior to his past mishap.

Everything I could tell you about this woman fits in with this. Or, more correctly speaking, everything else we know about her points the way to this interpretation of what was in itself an unintelligible obsessional action. The woman had been living apart from her husband for years and was struggling with an intention to obtain a legal divorce. But there was no question of her being free of him; she was forced to remain faithful to him; she withdrew from the world so as not to be tempted, she exculpated and magnified his nature in her imagination. Indeed, the deepest secret of her illness was that by means of it she protected her husband from malicious gossip, justified her separation from him and enabled him to lead a comfortable separate life. Thus the analysis of a harmless obsessional action led directly to the inmost core of an illness, but at the same time betrayed to us no small part of the secret of obsessional neuroses in general. I am glad to let you dwell a little on this example because it combines conditions which we could not fairly expect to find in every case. Here the interpretation of the symptom was discovered by the patient herself at a single blow, without any prompting or intervention on the analyst's part; and it resulted from a connection with an event which did not (as is usually the case) belong to a forgotten period of childhood, but which had happened in the patient's adult life and had remained undimmed in her memory. All the objections which criticism is normally in the habit of raising against our interpretation of symptoms fall to the ground in this particular case. We cannot hope always to have such good luck.[1]

[1] [Freud had given a shorter account of this case, though with some further details, in his paper on 'Obsessive Actions and Religious Practices' (1907*b*, *Standard Ed.*, **9**, 120).]

And one thing more. Were you not struck by the way in which this unobtrusive obsessional action has led us into the intimacies of the patient's life? A woman cannot have anything much more intimate to tell than the story of her wedding-night. Is it a matter of chance and of no further significance that we have arrived precisely at the intimacies of sexual life? No doubt it might be the result of the choice I have made on this occasion. Do not let us be too hasty in forming our judgement, and let us turn to my second example, which is of quite a different kind a sample of a very common species, a sleep-ceremonial.

A nineteen-year-old girl, well developed and gifted, was the only child of parents to whom she was superior in education and intellectual liveliness. As a child she had been wild and high-spirited, and in the course of the last few years had changed, without any visible cause, into a neurotic. She was very irritable, particularly towards her mother, always dissatisfied and depressed, and inclined to indecisiveness and doubt, finally she admitted that she was no longer able to walk by herself across squares or along comparatively wide streets. We will not concern ourselves much with her complicated illness, which called for at least two diagnoses—agoraphobia and obsessional neurosis—but will dwell only on the fact that she also developed a sleep-ceremonial, with which she tormented her parents. In a certain sense it may be said that every normal person has his sleep-ceremonial or that he has established certain necessary conditions the non-fulfilment of which interferes with his going to sleep; he has imposed certain forms on the transition from the waking to the sleeping state and repeats them in the same manner every evening. But everything that a healthy person requires as a necessary condition for sleep can be understood rationally, and if external circumstances call for a change he will comply easily and without waste of time. A pathological ceremonial, however, is unyielding and insists on being carried through, even at the cost of great sacrifices, it too is screened by having a rational basis and at a superficial glance seems to diverge from the normal only by a certain exaggerated meticulousness. On closer examination, nevertheless, we can see that the screen is insufficient, that the ceremonial comprises some stipulations which go far beyond its rational basis and

others which positively run counter to it. Our present patient put forward as a pretext for her nightly precautions that she needed quiet in order to sleep and must exclude every source of noise. With that end in view she did two kinds of things. The big clock in her room was stopped, all the other clocks or watches in the room were removed, and her tiny wrist-watch was not allowed even to be inside her bedside table. Flower-pots and vases were collected on the writing-table so that they might not fall over in the night and break, and disturb her in her sleep. She was aware that these measures could find only an *ostensible* justification in the rule in favour of quiet: the ticking of the little watch would not have been audible even if it had been left lying on the top of the bedside table, and we have all had experience of the fact that the regular ticking of a pendulum-clock never disturbs sleep but acts, rather, as a soporific. She admitted too that her fear that flower-pots and vases, if they were left in their places, might fall over and break of their own accord lacked all plausibility. In the case of other stipulations made by the ceremonial the need for quiet was dropped as a basis. Indeed, the requirement that the door between her room and her parents' bedroom should stay half-open—the fulfilment of which she ensured by placing various objects in the open doorway—seemed on the contrary to act as a source of disturbing noises. But the most important stipulations related to the bed itself. The pillow at the top end of the bed must not touch the wooden back of the bedstead. The small top-pillow must lie on this large pillow in one specific way only—namely, so as to form a diamond shape. Her head had then to lie exactly along the long diameter of the diamond. The eiderdown (or '*Duchent*' as we call it in Austria[1]) had to be shaken before being laid on the bed so that its bottom end became very thick; afterwards, however, she never failed to even out this accumulation of feathers by pressing them apart.

With your leave I will pass over the remaining, often very trivial, details of the ceremonial, they would teach us nothing new, and would lead us too far afield from our aims. But you

[1] [Elsewhere in Germany the French word '*duvet*' is used. The object is normally an undivided bag of feathers, not, as in England, quilted into a number of separate compartments.]

must not overlook the fact that all this was not carried out smoothly. There was always an apprehension that things might not have been done properly. Everything must be checked and repeated, doubts assailed first one and then another of the safety measures, and the result was that one or two hours were spent, during which the girl herself could not sleep and would not allow her intimidated parents to sleep either.

The analysis of these torments did not proceed so simply as that of our earlier patient's obsessional action. I was obliged to give the girl hints and propose interpretations, which were always rejected with a decided 'no' or accepted with contemptuous doubt. But after this first reaction of rejection there followed a time during which she occupied herself with the possibilities put before her, collected associations to them, produced recollections and made connections, until by her own work she had accepted all the interpretations. In proportion as this happened, she relaxed the performance of her obsessional measures, and even before the end of the treatment she had given up the whole ceremonial. You must understand, too, that the work of analysis as we carry it out to-day quite excludes the systematic treatment of any individual symptom till it has been entirely cleared up. We are, on the contrary, obliged to keep on leaving any particular topic, in the certain expectation of coming back to it again in other connections. The interpretation of her symptoms which I am about to give you is accordingly a synthesis of findings which were arrived at, interrupted by other work, over a period of weeks and months.

Our patient gradually came to learn that it was as symbols of the female genitals that clocks were banished from her equipment for the night. Clocks and watches—though elsewhere we have found other symbolic interpretations for them[1]—have arrived at a genital role owing to their relation to periodic processes and equal intervals of time. A woman may boast that her menstruation behaves with the regularity of clockwork. Our patient's anxiety, however, was directed in particular against being disturbed in her sleep by the ticking of a clock. The ticking of a clock may be compared with the knocking or throbbing

[1] [Another reason for the dislike of clocks and watches felt by obsessional neurotics is mentioned in the 'Rat Man' analysis (1909*d*), *Standard Ed.*, 10, 232.]

in the clitoris during sexual excitement.[1] She had in fact been repeatedly woken from her sleep by this sensation, which had now become distressing to her, and she gave expression to this fear of an erection in the rule that all clocks and watches that were going should be removed from her neighbourhood at night. Flower-pots and vases, like all vessels [p. 156], are also female symbols. Taking precautions against their falling and being broken at night was thus not without its good sense. We know the widespread custom of breaking a vessel or plate at betrothal ceremonies. Each man present gets hold of a fragment, and we may regard this as a sign of his resigning the claims he had upon the bride in virtue of a marriage-regulation dating from before the establishment of monogamy.[2] In connection with this part of her ceremonial the girl produced a recollection and several associations. Once when she was a child she had fallen down while she was carrying a glass or china vase and had cut her finger and bled profusely. When she grew up and came to know the facts about sexual intercourse she formed an anxious idea that on her wedding-night she would not bleed and would thus fail to show that she was a virgin. Her precautions against vases being broken thus meant a repudiation of the whole complex concerned with virginity and bleeding at the first intercourse—a repudiation equally of the fear of bleeding and of the contrary fear of not bleeding. These precautions, which she subsumed under her avoidance of noise, had only a remote connection with it.

She found out the central meaning of her ceremonial one day when she suddenly understood the meaning of the rule that the pillow must not touch the back of the bedstead. The pillow, she said, had always been a woman to her and the upright wooden back a man. Thus she wanted—by magic, we must interpolate—to keep the man and woman apart—that is, to separate her parents from each other, not to allow them to have sexual intercourse. In earlier years, before she had established the ceremonial, she had tried to achieve the same aim in a more

[1] [Freud had reported a similar connection in his paper on a case of paranoia (1911*f*), *Standard Ed.*, **14**, 270.]

[2] Cf. a reference to 'group marriage' in *Totem and Taboo* (1912–13), *Standard Ed.* **13**, 7, and a discussion in 'The Taboo of Virginity' (1918*a*), ibid., **11**, 194 ff. and 196, footnote 2.]

direct way. She had simulated fear (or had exploited a tendency to fear which was already present) in order that the connecting doors between her parents' bedroom and the nursery should not be shut. This rule had, indeed, been retained in her present ceremonial. In that way she gave herself the opportunity of listening to her parents, but in making use of it she brought on an insomnia which lasted for months. Not satisfied with disturbing her parents by this means, she contrived to be allowed from time to time to sleep in her parents' bed between them. The 'pillow' and the 'wooden back' were thus really unable to come together. Finally, when she was so big that it became physically uncomfortable for her to find room in the bed between her parents, she managed, by a conscious simulation of anxiety, to arrange for her mother to exchange places with her for the night and to leave her own place so that the patient could sleep beside her father. This situation no doubt became the starting-point of phantasies whose after-effect was to be seen in the ceremonial.

If a pillow was a woman, then the shaking of the eiderdown till all the feathers were at the bottom and caused a swelling there had a sense as well. It meant making a woman pregnant; but she never failed to smooth away the pregnancy again, for she had for years been afraid that her parents' intercourse would result in another child and so present her with a competitor. On the other hand, if the big pillow was a woman, the mother, then the small top-pillow could only stand for the daughter. Why did this pillow have to be placed diamond-wise and her head precisely along its centre line? It was easy to recall to her that this diamond shape is the inscription scribbled on every wall to represent the open female genitals. If so, she herself was playing the man and replacing the male organ by her head. Cf. the symbolism of beheading for castrating.[1]

Wild thoughts, you will say, to be running through an unmarried girl's head. I admit that is so. But you must not forget that I did not make these things but only interpreted them. A sleep-ceremonial like this is a strange thing too,[2] and you will

[1] [See Freud's paper on this subject (1916*d*), which includes a short reference to the present case, *Standard Ed.*, **14**, 339.]

[2] [An almost equally elaborate sleep-ceremonial had been reported by Freud long before, in his second paper on the neuro-psychoses of defence (1896), *Standard Ed.*, **3**, 172–3, footnote.]

not fail to see how the ceremonial corresponds to the phantasies which are revealed by the interpretation. But I attach more importance to your noticing that what was seen in the ceremonial was a precipitate not of a *single* phantasy but of a number of them, though they had a nodal point somewhere, and, further, that the rules laid down by the ceremonial reproduced the patient's sexual wishes at one point positively and at another negatively—in part they represented them, but in part they served as a defence against them.

More could be made, too, of the analysis of this ceremonial if it could be properly linked up with the patient's other symptoms. But our path does not lead in that direction. You must be content with a hint that the girl was in the grip of an erotic attachment to her father whose beginnings went back to her childhood. Perhaps that was why she behaved in such an unfriendly way to her mother [p. 264]. Nor can we overlook the fact that the analysis of this symptom has once again taken us back to a patient's sexual life. We shall perhaps be less surprised at this the more often we gain an insight into the sense and intention of neurotic symptoms.

I have shown you, then, on the basis of two chosen examples, that neurotic symptoms have a sense, like parapraxes and dreams, and that they have an intimate connection with the patient's experiences. Can I expect you to believe this extremely important thesis on the evidence of two examples? No. But can you require me to go on giving you further examples till you declare yourselves convinced? No, once more. For, in view of the detailed fashion in which I deal with each single case, I should have to devote a five-hour course of lectures to settling this one point in the theory of the neuroses. So I must be content with having given you a trial proof of my assertion and, for the rest, I refer you to the reports given in the literature of the subject—to the classical interpretations of symptoms in Breuer's first case (of hysteria),[1] to the striking light thrown upon the most obscure symptoms of what is known as dementia praecox by C. G. Jung [1907], at a time when he was merely a psycho-analyst and had not yet aspired to be a prophet, and all the other papers that have since then filled our periodicals.

[1] [Included in *Studies on Hysteria* (1895d), *Standard Ed.*, **2**, 21 ff.]

There has been no lack of investigations precisely on these lines. The analysis, interpretation and translation of neurotic symptoms proved so attractive to psycho-analysts that for a time they neglected the other problems of neurosis.

If any of you undertakes exertions of this kind, he will certainly gain a powerful impression of the wealth of evidential material. But he will also come up against a difficulty. The sense of a symptom lies, as we have found, in some connection with the patient's experience. The more individual is the form of the symptom the more reason we shall have for expecting to be able to establish this connection. The task is then simply to discover, in respect to a senseless idea and a pointless action, the past situation in which the idea was justified and the action served a purpose. The obsessional action of our patient who ran to the table and rang for the housemaid is a perfect model of this kind of symptom. But there are – and they are very frequent – symptoms of quite another character. They must be described as 'typical' symptoms of an illness; they are approximately the same in all cases, individual distinctions disappear in them or at least shrink up to such an extent that it is difficult to bring them into connection with the patients' individual experience and to relate them to particular situations they have experienced. Let us look once more at obsessional neurosis. The sleep-ceremonial of our second patient already has much that is typical about it, though at the same time it has enough individual traits to make what I might call a 'historical' interpretation possible. But all these obsessional patients have a tendency to repeat, to make their performances rhythmical and to keep them isolated from other actions. The majority of them wash too much. Patients who suffer from agoraphobia (topophobia or fear of spaces), which we no longer regard as obsessional neurosis but describe as 'anxiety hysteria', often repeat the same features in their symptoms with wearisome monotony: they are afraid of enclosed spaces, of large open squares, of lengthy roads and streets. They feel protected if they are accompanied by an acquaintance or followed by a vehicle, and so on. On this similar background, however, different patients nevertheless display their individual requirements – whims, one is inclined to say – which in some cases contradict one another directly. One patient avoids only narrow streets and another only wide

ones; one can go out only if there are few people in the street, another only if there are many. In the same way, hysteria, in spite of its wealth of individual traits, has a superfluity of common, typical symptoms, which seem to resist any easy historical derivation. And we must not forget that it is these typical symptoms, indeed, which give us our bearings when we make our diagnosis. Suppose, in a case of hysteria, we have really traced a typical symptom back to an experience or a chain of similar experiences—a case of hysterical vomiting, for instance, to a series of disgusting impressions—then we are at a loss when the analysis in a similar case of vomiting reveals a series of a quite different kind of ostensibly effective experiences. It looks, then, as though for unknown reasons hysterical patients are bound to produce vomiting and as though the historical precipitating causes revealed by analysis were only pretexts which, if they happen to be there, are exploited by this internal necessity.

So we are now faced by the depressing discovery that, though we can give a satisfactory explanation of the individual neurotic symptoms by their connection with experiences, our skill leaves us in the lurch when we come to the far more frequent typical symptoms. Furthermore, I am far from having made you acquainted with all the difficulties that arise when consistently pursuing the historical interpretation of symptoms. Nor do I intend to do so; for, though it is my intention not to gloss things over to you or conceal them, I cannot throw you into perplexity and confusion at the very beginning of our common studies. It is true that we have only made a beginning with our efforts at understanding the significance of symptoms, but we will hold fast to what we have achieved and pursue our way step by step to a mastery of what we have not yet understood. I will try to console you, therefore, with the reflection that any fundamental distinction between one kind of symptom and the other is scarcely to be assumed. If the individual symptoms are so unmistakably dependent on the patient's experience, it remains possible that the typical symptoms may go back to an experience which is in itself typical—common to all human beings. Other features which recur regularly in neuroses may be general reactions which are imposed on the patients by the nature of their pathological change, like the repetitions or

doubts in obsessional neurosis. In short, we have no grounds for premature despair; we shall see what remains to be seen.

A quite similar difficulty faces us in the theory of dreams. I could not deal with it in our earlier discussions on dreams. The manifest content of dreams is of the greatest diversity and individual variety, and we have shown in detail what one derives from this content by means of analysis. But alongside of these there are dreams which equally deserve to be called 'typical', which happen in everyone in the same way, dreams with a uniform content, which offer the same difficulties to interpretation. They are dreams of falling, flying, floating, swimming, of being inhibited, of being naked and certain other anxiety-dreams which lead, in different people, now to this and now to that interpretation, without any light being thrown on their monotony and typical occurrence. But in these dreams too we observe that this common background is enlivened by additions that vary individually; and it is probable that, with a widening of our knowledge, it will be possible, without constraint, to include these dreams too in the understanding of dream-life which we have acquired from other dreams.[1]

[1] [See the section on 'typical' dreams in *The Interpretation of Dreams* (1900*a*), Chapter V (D).]

LECTURE XVIII

FIXATION TO TRAUMAS - THE UNCONSCIOUS

LADIES AND GENTLEMEN, In my last lecture I expressed a desire that our work should go forward on the basis not of our doubts but of our discoveries. We have not yet had any discussion of two of the most interesting implications that follow from our two sample analyses.

To take the first of these. Both patients give us an impression of having been 'fixated' to a particular portion of their past, as though they could not manage to free themselves from it and were for that reason alienated from the present and the future. They then remained lodged in their illness in the sort of way in which in earlier days people retreated into a monastery in order to bear the burden there of their ill-fated lives. What had brought this fate upon our first patient was the marriage which she had in real life abandoned. By means of her symptoms she continued to carry on her dealings with her husband. We learnt to understand the voices that pleaded for him, that excused him, that put him on a pedestal and that lamented his loss. Although she was young and desirable to other men, she had taken every precaution, real and imaginary (magical), to remain faithful to him. She did not show herself to strangers and she neglected her personal appearance; furthermore, once she had sat down in a chair she was unable to get out of it quickly,[1] she refused to sign her name, and she could not make any presents, on the ground that no one ought to receive anything from her.

The same effect was produced on the life of our second patient, the young girl, by an erotic attachment to her father which had started during the years before her puberty. The conclusion she herself drew was that she could not marry as long as she was so ill. We, however, may suspect that she had become so ill in order not to have to marry and in order to remain with her father.

[1] [This symptom is further described and explained in Freud's other account of the case (1905*b*, *Standard Ed.*, 9, 130 f.).]

We cannot dismiss the question of why, in what way and for what motive a person can arrive at such a remarkable attitude to life and one that is so inexpedient assuming that this attitude is a general characteristic of neuroses and not a special peculiarity of these two patients. And in fact it is a general feature, of great practical importance, in every neurosis. Breuer's first hysterical patient [p. 257 above] was similarly fixated to the period when she was nursing her father in a serious illness. In spite of her recovery, in a certain respect she remained cut off from life; she remained healthy and efficient but avoided the normal course of a woman's life.[1] In every one of our patients, analysis shows us that they have been carried back to some particular period of their past by the symptoms of their illness or their consequences. In the majority of cases, indeed, a very early phase of life is chosen for the purpose—a period of their childhood or even, laughable as this may sound, of their existence as an infant at the breast.

The closest analogy to this behaviour of our neurotics is afforded by illnesses which are being produced with special frequency precisely at the present time by the war—what are described as traumatic neuroses. Similar cases, of course, appeared before the war as well, after railway collisions and other alarming accidents involving fatal risks. Traumatic neuroses are not in their essence the same thing as the spontaneous neuroses which we are in the habit of investigating and treating by analysis; nor have we yet succeeded in bringing them into harmony with our views, and I hope I shall be able at some time to explain to you the reason for this limitation.[2] But in one respect we may insist that there is a complete agreement between them. The traumatic neuroses give a clear indication that a fixation to the moment of the traumatic accident lies at their root. These patients regularly repeat the traumatic situation in their dreams;[3] where hysteriform attacks occur that admit of an analysis, we find that the attack corresponds to a

[1] [Anna O. was never married. See Jones, 1953, 247–8.]

[2] [Traumatic neuroses are mentioned again on p. 381 below. Freud was later able to throw more light on the war neuroses (1919*d*).]

[3] [This particular point played a part in Freud's first discussion of the 'compulsion to repeat' a few years later. See *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, **18**, 13 and 23.]

complete transplanting of the patient into the traumatic situation.[1] It is as though these patients had not finished with the traumatic situation, as though they were still faced by it as an immediate task which has not been dealt with; and we take this view quite seriously. It shows us the way to what we may call an *economic* view of mental processes.[2] Indeed, the term 'traumatic' has no other sense than an economic one. We apply it to an experience which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked off in the normal way, and this must result in permanent disturbances of the manner in which the energy operates.

This analogy is bound to tempt us to describe as traumatic those experiences too to which our neurotic patients seem to be fixated. This would promise to offer us a simple determinant for the onset of neurosis. Neurosis could then be equated with a traumatic illness and would come about owing to inability to deal with an experience whose affective colouring was excessively powerful. And this indeed was actually the first formula in which in 1893 and 1895, Breuer and I accounted theoretically for our new observations.[3] A case like that of the first of the two patients in my last lecture—the young married woman separated from her husband—fits in very well with this view. She had not got over the failure of her marriage and remained attached to that trauma. But our second case—that of the girl with a fixation upon her father—shows us already that the formula is not sufficiently comprehensive. On the one hand, a little girl's being in love like this with her father is something so common and so frequently surmounted that the term 'traumatic' applied to it would lose all its meaning, and, on the other hand, the patient's history showed us that in the first instance her erotic fixation appeared to have passed off without doing any damage, and it was only several years later that it reappeared in the symptoms of the obsessional neurosis. Here,

[1] [This was already recognized in Section IV of the Breuer and Freud 'Preliminary Communication' (1893*a*), *Standard Ed.*, 2, 14.]

[2] [Freud returns to this later (p. 356).]

[3] [See, for instance, Section II of the Breuer and Freud 'Preliminary Communication' (1893*a*), and in particular its last two paragraphs, *Standard Ed.*, 2, 11.]

then, we foresee complications, a greater wealth of determinants for the onset of illness, but we may also suspect that there is no need to abandon the traumatic line of approach as being erroneous: it must be possible to fit it in and subsume it somewhere else.

Here once more, then, we must break off the course we have started on. For the moment it leads no further and we shall have to learn all kinds of other things before we can find its proper continuation.[1] But on the subject of fixation to a particular phase in the past we may add that such behaviour is far more widespread than neurosis. Every neurosis includes a fixation of that kind, but not every fixation leads to a neurosis, coincides with a neurosis or arises owing to a neurosis. A perfect model of an affective fixation to something that is past is provided by mourning, which actually involves the most complete alienation from the present and the future. But even the judgement of a layman will distinguish sharply between mourning and neurosis. There are, on the other hand, neuroses which may be described as a pathological form of mourning.[2]

It may happen, too, that a person is brought so completely to a stop by a traumatic event which shatters the foundations of his life that he abandons all interest in the present and future and remains permanently absorbed in mental concentration upon the past. But an unfortunate such as this need not on that account become a neurotic. We will not attach too much value to this one feature, therefore, in characterizing neurosis, however regularly present and however important it may usually be.

Let us turn now to the second of the discoveries which follow from our analyses; in its case we need not fear having to make a subsequent qualification of our views. I have described to you how our first patient carried out a senseless obsessional action and how she reported an intimate memory from her past life as having some connection with it: and how afterwards I

[1] [The subject is taken up again in Lecture XXII.]

[2] [See on this Freud's metapsychological paper 'Mourning and Melancholia' (1917e), actually published after the delivery of this lecture, though written two years earlier. A short reference to melancholia appears in Lecture XXVI, p. 427 f. below.]

examined the connection between the two and discovered the intention of the obsessional action from its relation to the memory. But there is one factor which I have entirely neglected, though it deserves our fullest attention. However often the patient repeated her obsessional action, she knew nothing of its being derived from the experience she had had. The connection between the two was hidden from her; she could only quite truthfully reply that she did not know what it was that was making her carry out her action. Then suddenly one day, under the influence of the treatment, she succeeded in discovering the connection and reported it to me. But she still knew nothing of the intention with which she was performing the obsessional action — the intention of correcting a distressing portion of the past and of putting her beloved husband in a better light. It took a fairly long time and called for much labour before she understood and admitted to me that such a motive alone could have been the driving force of her obsessional action.

The link with the scene after her unhappy wedding-night and the patient's affectionate motive constituted, taken together, what we have called the 'sense' of the obsessional action. But while she was carrying out the obsessional action this sense had been unknown to her in both directions — both its 'whence' and its 'whither'. [Cf. p. 284 below.] Mental processes had therefore been at work in her and the obsessional action was the effect of them, she had been aware of this effect in a normal mental fashion, but none of the mental predeterminants of this effect came to the knowledge of her consciousness. She behaved in precisely the same way as a hypnotized subject whom Bernheim had ordered to open an umbrella in the hospital ward five minutes after he woke up. The man carried out this instruction when he was awake, but he could produce no motive for his action.[1] It is a state of affairs of this sort that we have before our eyes when we speak of the existence of *unconscious mental processes*. We can challenge anyone in the world to give a more correct scientific account of this state of affairs, and if he does we will gladly renounce our hypothesis of unconscious mental processes. Till that happens, however, we will hold fast to the

[1] [I have given a much fuller account of this episode, at which he himself was present in his clinic, in my paper 'Some Elementary Lessons in Psycho-Analysis' (1910*b*) [1912*d*]. See also above, p. 163.]

hypothesis; and if someone objects that here the unconscious is nothing real in a scientific sense, is a makeshift, *une façon de parler*, we can only shrug our shoulders resignedly and dismiss what he says as unintelligible. Something not real, which produces effects of such tangible reality as an obsessional action![1]

And we meet with what is in essence the same thing in our second patient. She had made a rule that the pillow must not touch the back of the bedstead, and she had to obey this rule though she did not know where it came from, what it meant or to what motives it owed its power. Whether she herself regarded the rule as a matter of indifference, or whether she struggled against it or raged against it or decided to transgress it none of this made any difference to her carrying it out. It had to be obeyed, and she asked herself vainly why. We must recognize, however, that these symptoms of obsessional neurosis, these ideas and impulses which emerge one knows not whence, which prove so resistant to every influence from an otherwise normal mind, which give the patient himself the impression of being all-powerful guests from an alien world, immortal beings intruding into the turmoil of mortal life these symptoms offer the plainest indication of there being a special region of the mind, shut off from the rest. They lead, by a path that cannot be missed, to a conviction of the existence of the unconscious in the mind; and that is precisely why clinical psychiatry, which is acquainted only with a psychology of consciousness, can deal with these symptoms in no other way than by declaring them to be signs of a special sort of degeneracy. Obsessional ideas and obsessional impulses are not, of course, themselves unconscious, any more than the performance of obsessional actions escapes conscious perception. They would not have become symptoms if they had not forced their way into consciousness. But their psychical predeterminants which we infer by means of analysis, the connections into which we insert them by interpretation, are unconscious, at least until we have made them conscious to the patient by the work of analysis.

If, now, you consider further that the state of affairs which we have established in our two cases is confirmed for every symptom of every neurotic illness that always and every-

[1] [Cf. above, p. 257.]

where the sense of the symptoms is unknown to the patient and that analysis regularly shows that these symptoms are derivatives of unconscious processes but can, subject to a variety of favourable circumstances, be made conscious. If you consider this, you will understand that in psycho-analysis we cannot do without what is at the same time unconscious and mental, and are accustomed to operate with it as though it were something palpable to the senses. But you will understand as well, perhaps, how incapable of forming a judgement on this question are all those other people, who are only acquainted with the unconscious as a concept, who have never carried out an analysis and have never interpreted dreams or found a sense and intention in neurotic symptoms. To say it for our ends once again: the possibility of giving a sense to neurotic symptoms by analytic interpretation is an unshakeable proof of the existence—or, if you prefer it, of the necessity for the hypothesis—of unconscious mental processes.

But that is not all. Thanks to a second discovery of Breuer's, which seems to me even more significant than the other [p. 257] and which he shared with no one, we learn still more of the connection between neurotic symptoms and the unconscious. Not only is the sense of the symptoms regularly unconscious, but there is an inseparable relation between this fact of the symptoms being unconscious and the possibility of their existing. You will understand me in a moment. I follow Breuer in asserting that every time we come upon a symptom we can infer that there are certain definite unconscious processes in the patient which contain the sense of the symptom. But it is also necessary for that sense to be unconscious in order that the symptom can come about. Symptoms are never constructed from conscious processes; as soon as the unconscious processes concerned have become conscious, the symptom must disappear. Here you will at once perceive a means of approach to therapy, a way of making symptoms disappear. And in this way Breuer did in fact restore his hysterical patient—that is, freed her from her symptoms, he found a technique for bringing to her consciousness the unconscious processes which contained the sense of the symptoms, and the symptoms disappeared.

This discovery of Breuer's was not the result of speculation but of a fortunate observation made possible by the patient's

co-operation.[1] Nor should you torment yourselves with attempts at understanding it by tracing it back to something already known; you should recognize in it a new fundamental fact, by whose help much else will become explicable. Allow me, therefore, to repeat the same thing to you in another way.

The construction of a symptom is a substitute for something else that did not happen. Some particular mental processes should normally have developed to a point at which consciousness received information of them. This, however, did not take place, and instead—out of the interrupted processes, which had been somehow disturbed and were obliged to remain unconscious—the symptom emerged. Thus something in the nature of an exchange has taken place, if this can be reversed the therapy of the neurotic symptoms will have achieved its task.

This discovery of Breuer's is still the foundation of psychoanalytic therapy. The thesis that symptoms disappear when we have made their unconscious predeterminants conscious has been confirmed by all subsequent research, although we meet with the strangest and most unexpected complications when we attempt to carry it through in practice. Our therapy works by transforming what is unconscious into what is conscious, and it works only in so far as it is in a position to effect that transformation.

And now I must quickly make a short digression, to avoid the risk of your imagining that this therapeutic work is accomplished too easily. From what I have so far said a neurosis would seem to be the result of a kind of ignorance—a not knowing about mental events that one ought to know of. This would be a close approximation to some well-known Socratic doctrines, according to which even vices are based on ignorance. Now it would as a rule be very easy for a doctor experienced in analysis to guess what mental impulses had remained unconscious in a particular patient. So it ought not to be very difficult, either, for him to restore the patient by communicating his knowledge to him and so remedying his ignorance. One part at least of the symptom's unconscious sense could be easily dealt with in this way, though it is true that the doctor cannot guess much about the other part—the connection between the

[1] [Breuer's description of the occurrence will be found in his case history of Anna O. in *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 34–5.]

symptoms and the patient's experiences , since he himself does not know those experiences but must wait till the patient remembers them and tells them to him. But even for this a substitute can in some instances be found. One can make enquiries about these experiences from the patient's relatives and they will often be able to recognize which of them had a traumatic effect, and they can even sometimes report experiences of which the patient himself knows nothing because they occurred at a very early period of his life. Thus, by combining these two methods, we should have a prospect of relieving the patient of his pathogenic ignorance with little expense of time or trouble.

If only that was how things happened! We came upon discoveries in this connection for which we were at first unprepared. Knowledge is not always the same as knowledge, there are different sorts of knowledge, which are far from equivalent psychologically. 'Il y a fagots et fagots', as Molière has said.[1] The doctor's knowledge is not the same as the patient's and cannot produce the same effects. If the doctor transfers his knowledge to the patient as a piece of information, it has no result. No, it would be wrong to say that. It does not have the result of removing the symptoms, but it has another one: of setting the analysis in motion, of which the first signs are often expressions of denial. The patient knows after this what he did not know before—the sense of his symptom; yet he knows it just as little as he did. Thus we learn that there is more than one kind of ignorance. We shall need to have a somewhat deeper understanding of psychology to show us in what these differences consist.[2] But our thesis that the symptoms vanish when their sense is known remains true in spite of this. All we have to add is that the knowledge must rest on an internal change in the patient such as can only be brought about by a piece of psychical work with a particular aim. We are faced here by problems which will presently be brought together into the *dynamics* of the construction of symptoms.

I must ask now, Gentlemen, whether what I am saying to you is not too obscure and complicated. Am I not confusing you by so often taking back what I have said or qualifying it by starting up trains of thought and then dropping them? I

[1] [*Le médecin malgré lui*, I, 6.]

[2] [I read remarks on this question in Lecture XXVII, p. 410 below.]

should be sorry if that were so. But I have a strong dislike of simplifying things at the expense of truthfulness. I have no objection to your receiving the full impact of the many-sidedness and complexity of our subject; and I think, too, that it does no harm if I tell you more on every point than you can at the moment make use of. I am aware, after all, that every listener or reader puts what is presented to him into shape in his mind, shortens it and simplifies it, and selects from it what he would like to retain. Up to a certain point it is no doubt true that the more there is at one's disposal the more one is left with. Permit me to hope that, in spite of all the trimmings, you have clearly grasped the essential part of what I have told you about the sense of symptoms, about the unconscious and about the relation between them. No doubt you have also understood that our further efforts will lead in two directions: first towards discovering how people fall ill and how they can come to adopt the neurotic attitude to life—which is a clinical problem; and secondly towards learning how the pathological symptoms develop from the determinants of the neurosis—which remains a problem of mental dynamics. There must moreover be a point somewhere at which the two problems converge.

I will not go into this any further to-day. But since we still have some time to spare, I should like to direct your attention to another characteristic of our two analyses, which, once again, it will only be possible to appreciate fully later on—to the gaps in the patients' memories, their amnesias. As you have heard [p. 201], the task of a psycho-analytic treatment can be expressed in this formula: its task is to make conscious everything that is pathogenically unconscious. You will perhaps be surprised to learn, then, that this formula can be replaced by another one: its task is to fill up all the gaps in the patient's memory, to remove his amnesias. This would amount to the same thing. We are thus implying that the amnesias of neurotic patients have an important connection with the origin of their symptoms. If, however, you consider the case of our first analysis you will not find this view of amnesia justified. The patient had *not* forgotten the scene from which her obsessive action was derived; on the contrary, she had a vivid recol-

lection of it; nor did anything else forgotten play a part in the origin of the symptom. The position with our second patient (the girl with the obsessional ceremonial), though less clear, was on the whole analogous. She had not really forgotten her behaviour in earlier years—the fact that she had insisted on the door between her parents' bedroom and her own being left open and that she had driven her mother out of her place in her parents' bed, she remembered this very plainly, even though with hesitation and unwillingly. The only thing we can consider striking is that the first patient, in carrying out her obsessional action on countless occasions, had never *once* noticed its resemblance to her experience on her wedding-night, and that the memory of it did not occur to her when she was directly asked to look for the motives of her obsessional action. And the same thing applies to the girl, whose ceremonial and its causes were moreover connected with a situation which was identically repeated every evening.[1] In both these cases there was no true amnesia, no missing memory; but a connection had been broken which ought to have led to the reproduction or re-emergence of the memory.

A disturbance of memory of this kind is enough for obsessional neurosis; but the case is different with hysteria. As a rule the latter neurosis is marked by amnesias on a really large scale. In analysing each separate hysterical symptom one is usually led to a whole chain of impressions of events, which, when they recur, are expressly described by the patient as having been till then forgotten. On the one hand, this chain reaches back to the earliest years of life, so that the hysterical amnesia can be recognized as an immediate continuation of the infantile amnesia which, for us normal people, conceals the beginnings of our mental life. [Cf. p. 199 f. above.] On the other hand, we learn with astonishment that even the patient's most recent experiences can be subject to forgetting, and that the occasions which precipitated the outbreak of the illness or led to its intensification are in particular encroached upon, if not completely swallowed up, by amnesia. It regularly happens that important details have disappeared from the total picture of a recent recollection of this sort or that they have been replaced by falsifications of memory. Indeed it happens with

[1] [I.e. her father and mother sleeping together.]

almost equal regularity that certain memories of recent experiences only emerge shortly before the end of an analysis—memories which had been held back till that late moment and had left perceptible gaps in the continuity of the case.

Such restrictions upon the faculty of memory are, as I have said, characteristic of hysteria, in which, indeed, states also arise as symptoms—hysterical attacks—which need leave no trace behind them in the memory . If things are different in obsessional neurosis, you may conclude that what we are dealing with in these amnesias is a psychological characteristic of the change that occurs in hysteria and is not a universal feature of neuroses in general. The importance of this distinction is reduced by the following consideration. We have comprised two things as the 'sense' of a symptom: its 'whence' and its 'whither' or 'what for' [p. 277] that is, the impressions and experiences from which it arose and the intentions which it serves. Thus the 'whence' of a symptom resolves itself into impressions which came from outside, which were necessarily once conscious and may have since become unconscious through forgetting. The 'whither' of a symptom, its purpose, is invariably, however, an endopsychic process, which may possibly have been conscious at first but may equally well never have been conscious and may have remained in the unconscious from the very start. Thus it is not of great importance whether the amnesia has laid hold on the 'whence' as well—the experiences on which the symptom is supported as happens in hysteria; it is on the 'whither', the purpose of the symptom, which may have been unconscious from the beginning, that its dependence on the unconscious is founded—and no less firmly in obsessional neurosis than in hysteria.

But in thus emphasizing the unconscious in mental life we have conjured up the most evil spirits of criticism against psycho-analysis. Do not be surprised at this, and do not suppose that the resistance to us rests only on the understandable difficulty of the unconscious or the relative inaccessibility of the experiences which provide evidence of it. Its source, I think, lies deeper. In the course of centuries the *naive* self-love of men has had to submit to two major blows at the hands of science. The first was when they learnt that our earth was not the centre of

the universe but only a tiny fragment of a cosmic system of scarcely imaginable vastness. This is associated in our minds with the name of Copernicus, though something similar had already been asserted by Alexandrian science. The second blow fell when biological research destroyed man's supposedly privileged place in creation and proved his descent from the animal kingdom and his ineradicable animal nature. This revaluation has been accomplished in our own days by Darwin, Wallace and their predecessors, though not without the most violent contemporary opposition. But human megalomania will have suffered its third and most wounding blow from the psychological research of the present time which seeks to prove to the ego that it is not even master in its own house, but must content itself with scanty information of what is going on unconsciously in its mind. We psycho-analysts were not the first and not the only ones to utter this call to introspection; but it seems to be our fate to give it its most forcible expression and to support it with empirical material which affects every individual. Hence arises the general revolt against our science, the disregard of all considerations of academic civility and the releasing of the opposition from every restraint of impartial logic.[1] And beyond all this we have yet to disturb the peace of this world in still another way, as you will shortly hear.

[1] [Freud had developed this theme at greater length in a paper on 'A Difficulty in the Path of Psycho-Analysis' (1917*a*), *Standard Ed.*, **17**, 139 ff.]

LECTURE XIX

RESISTANCE AND REPRESSION[1]

LADIES AND GENTLEMEN, Before we can make any further progress in our understanding of the neuroses, we stand in need of some fresh observations. Here we have two such, both of which are very remarkable and at the time when they were made were very surprising. Our discussions of last year will, it is true, have prepared you for both of them.[2]

In the first place, then, when we undertake to restore a patient to health, to relieve him of the symptoms of his illness, he meets us with a violent and tenacious resistance, which persists throughout the whole length of the treatment. This is such a strange fact that we cannot expect it to find much credence. It is best to say nothing about it to the patient's relatives, for they invariably regard it as an excuse on our part for the length or failure of our treatment. The patient, too, produces all the phenomena of this resistance without recognizing it as such, and if we can induce him to take our view of it and to reckon with its existence, that already counts as a great success. Only think of it! The patient, who is suffering so much from his symptoms and is causing those about him to share his sufferings, who is ready to undertake so many sacrifices in time, money, effort and self-discipline in order to be freed from those symptoms we are to believe that this same patient puts up a struggle in the interest of his illness against the person who is helping him. How

[1] [The essence of Freud's views on repression is already given in his contribution to *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 268–70. He gave a similar description of his discovery in his history of the psychoanalytic movement (1914*d*), ibid., **14**, 16. An account of the development of Freud's theory of repression will be found in the Editor's Note to his metapsychological paper on the subject (1915*d*), *Standard Ed.*, **14**, 143 ff., a paper which, together with Section IV of the paper on 'The Unconscious' (1915*e*), ibid., 180 ff., contains Freud's deepest reflections on the question.]

[2] [The concept of resistance had been introduced in Lecture VII, p. 116 above. The second observation is described on p. 298 below.]

improbable such an assertion must sound! Yet it is true; and when its improbability is pointed out to us, we need only reply that it is not without analogies. A man who has gone to the dentist because of an unbearable toothache will nevertheless try to hold the dentist back when he approaches the sick tooth with a pair of forceps.

The patient's resistance is of very many sorts, extremely subtle and often hard to detect; and it exhibits protean changes in the forms in which it manifests itself. The doctor must be distrustful and remain on his guard against it.

In psycho-analytic therapy we make use of the same technique that is familiar to you from dream-interpretation. We instruct the patient to put himself into a state of quiet, unreflecting self-observation, and to report to us whatever internal perceptions he is able to make – feelings, thoughts, memories – in the order in which they occur to him. At the same time we warn him expressly against giving way to any motive which would lead him to make a selection among these associations or to exclude any of them, whether on the ground that it is too *disagreeable* or too *indecent* to say, or that it is too *unimportant* or *irrelevant*, or that it is *nonsensical* and need not be said. We urge him always to follow only the surface of his consciousness and to leave aside any criticism of what he finds, whatever shape that criticism may take, and we assure him that the success of the treatment, and above all its duration, depends on the conscientiousness with which he obeys this fundamental technical rule of analysis.[1] We already know from the technique of

[1] [Freud had already stated the rule in connection with the interpreting of dreams in Lecture VII, p. 115 above. He first laid it down in Chapter II of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 100–2, and again in his contribution to a book of Lowenfeld's (Freud, 1904*a* [1903], *Standard Ed.*, **7**, 271. The actual term 'fundamental rule' was first used in the technical paper on 'The Dynamics of Transference' (1912*b*), *Standard Ed.*, **12**, 101, where an Editor's footnote gives some other early references. Perhaps the fullest account is in another technical paper, 'On Beginning the Treatment' (1913*c*), ibid., 134–6. Among later mentions may be noted a passage near the beginning of Chapter IV of the *Autobiographical Study* (1925*d*), ibid., **20**, 40–1, and an interesting allusion to the deeper reasons for the obstacles to obeying the rule, towards the end of Chapter VI of *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., 127. In the latter passage, in the course of a discussion of the part played by the defensive process of 'isolation' in ordinary

dream-interpretation that the associations giving rise to the doubts and objections I have just enumerated are precisely the ones that invariably contain the material which leads to the uncovering of the unconscious. [Cf. Lecture VII, p. 116.]

The first thing we achieve by setting up this fundamental technical rule is that it becomes the target for the attacks of the resistance. The patient endeavours in every sort of way to extricate himself from its provisions. At one moment he declares that nothing occurs to him, at the next that so many things are crowding in on him that he cannot get hold of anything. Presently we observe with pained astonishment that he has given way first to one and then to another critical objection: he betrays this to us by the long pauses that he introduces into his remarks. He then admits that there is something he really cannot say—he would be ashamed to, and he allows this reason to prevail against his promise. Or he says that something has occurred to him, but it concerns another person and not himself and is therefore exempt from being reported. Or, what has now occurred to him is really too unimportant, too silly and senseless: I cannot possibly have meant him to enter into thoughts like that. So it goes on in innumerable variations, and one can only reply that 'to say everything' really does mean 'to say everything'.

One hardly comes across a single patient who does not make an attempt at reserving some region or other for himself so as to prevent the treatment from having access to it. A man, whom I can only describe as of the highest intelligence, kept silence in this way for weeks on end about an intimate love-affair, and, when he was called to account for having broken the sacred rule, defended himself with the argument that he thought this particular story was his private business. Analytic treatment does not, of course, recognize any such right of asylum. Suppose that in a town like Vienna the experiment was made of treating a square such as the Hohe Markt, or a church like St. Stephen's, as places where no arrests might be made, and suppose we then wanted to catch a particular criminal. We could be quite sure of finding him in the sanctuary. I once decided to allow a man, on whose efficiency much depended in the external world, the

directed thinking, Freud mentions especially the difficulties felt by obsessional neurotics in this connection. See below, p. 289.]

right to make an exception of this kind because he was bound under his oath of office not to make communications about certain things to another person. He, it is true, was satisfied with the outcome; but I was not. I determined not to repeat an attempt under such conditions.

Obsessional neurotics understand perfectly how to make the technical rule almost useless by applying their over-conscientiousness and doubts to it.[1] Patients suffering from anxiety hysteria occasionally succeed in carrying the rule *ad absurdum* by producing only associations which are so remote from what we are in search of that they contribute nothing to the analysis. But it is not my intention to induct you into the handling of these technical difficulties. It is enough to say that in the end, through resolution and perseverance, we succeed in extorting a certain amount of obedience to the fundamental technical rule from the resistance which thereupon jumps over to another sphere.

It now appears as an *intellectual* resistance, it fights by means of arguments and exploits all the difficulties and improbabilities which normal but uninstructed thinking finds in the theories of analysis. It is now our fate to hear from this single voice all the criticisms and objections which assail our ears in a chorus in the scientific literature of the subject. And for this reason none of the shouts that reach us from outside sound unfamiliar. It is a regular storm in a tea-cup. But the patient is willing to be argued with; he is anxious to get us to instruct him, teach him, contradict him, introduce him to the literature, so that he can find further instruction. He is quite ready to become an adherent of psycho-analysis on condition that analysis spares him personally. But we recognize this curiosity as a resistance, as a diversion from our particular tasks, and we repel it. In the case of an obsessional neurotic we have to expect special tactics of resistance. He will often allow the analysis to proceed on its way undisturbed, so that it is able to shed an ever-increasing light upon the riddle of his illness. We begin to wonder in the end, however, why this enlightenment is accompanied by no practical advance, no diminution of the symptoms. We are then able to realize that resistance has withdrawn on to the doubt belonging to the obsessional neurosis and from that position is successfully defying us. It is as though the

[1] [Cf. the end of the last footnote.]

patient were saying: 'Yes, that's all very nice and interesting, and I'll be very glad to go on with it further. It would change my illness a lot if it were true. But I don't in the least believe that it *is* true; and, so long as I don't believe it, it makes no difference to my illness.' Things can proceed like this for a long time, till finally one comes up against this uncommitted attitude itself, and the decisive struggle then breaks out.[1]

Intellectual resistances are not the worst: one always remains superior to them. But the patient also knows how to put up resistances, without going outside the framework of the analysis, the overcoming of which is among the most difficult of technical problems. Instead of remembering, he *repeats* attitudes and emotional impulses from his early life which can be used as a resistance against the doctor and the treatment by means of what is known as 'transference'.[2] If the patient is a man, he usually extracts this material from his relation to his father, into whose place he fits the doctor, and in that way he makes resistances out of his efforts to become independent in himself and in his judgements, out of his ambition, the first aim of which was to do things as well as his father or to get the better of him, or out of his unwillingness to burden himself for the second time in his life with a load of gratitude. Thus at times one has an impression that the patient has entirely replaced his better intention of making an end to his illness by the alternative one of putting the doctor in the wrong, of making him realize his impotence and of triumphing over him. Women have a masterly gift for exploiting an affectionate, erotically tinged transference to the doctor for the purposes of resistance. If this attachment reaches a certain height, all their interest in the immediate situation in the treatment and all the obligations they undertook at its commencement vanish; their jealousy, which is never absent, and their exasperation at their inevitable rejection, however considerately expressed are bound to have a damaging effect on their personal understanding with the

[1] [The part played by doubt in cases of obsessional neurosis is referred to above in Lecture XVII, p. 259. The necessity for special technical methods in dealing with such cases was mentioned by Freud a little later in his Budapest Congress paper (1919*a*), *Standard Ed.*, 17, 165.]

[2] [Lecture XXVII, p. 431 below, is devoted to a full discussion of this phenomenon.]

doctor and so to put out of operation one of the most powerful motive forces of the analysis.

Resistances of this kind should not be one-sidedly condemned. They include so much of the most important material from the patient's past and bring it back in so convincing a fashion that they become some of the best supports of the analysis if a skilful technique knows how to give them the right turn. Nevertheless, it remains a remarkable fact that this material is always in the service of the resistance to begin with and brings to the fore a *façade* that is hostile to the treatment. It may also be said that what is being mobilized for fighting against the alterations we are striving for are character-traits, attitudes of the ego. In this connection we discover that these character-traits were formed in relation to the determinants of the neurosis and in reaction against its demands, and we come upon traits which cannot normally emerge, or not to the same extent, and which may be described as latent. Nor must you get an impression that we regard the appearance of these resistances as an unforeseen risk to analytic influence. No, we are aware that these resistances are bound to come to light; in fact we are dissatisfied if we cannot provoke them clearly enough and are unable to demonstrate them to the patient. Indeed we come finally to understand that the overcoming of these resistances is the essential function of analysis[1] and is the only part of our work which gives us an assurance that we have achieved something with the patient.

If you further consider that the patient makes all the chance events that occur during his analysis into interferences with it, that he uses as reasons for slackening his efforts every diversion outside the analysis, every comment by a person of authority in his environment who is hostile to analysis, any chance organic illness or any that complicates his neurosis and, even, indeed, every improvement in his condition—if you consider all this, you will have obtained an approximate, though still incomplete, picture of the forms and methods of the resistance, the struggle against which accompanies every analysis.[2]

[1] [That this was a relatively late development in analytic technique is shown for instance by a paragraph in Freud's Nuremberg Congress paper (1910*d*), *Standard Ed.*, **11**, 144.]

[2] [The present description of the forms taken by resistance in general

I have treated this point in such great detail because I must now inform you that this experience of ours with the resistance of neurotics to the removal of their symptoms became the basis of our dynamic view of the neuroses. Originally Breuer and I myself carried out psychotherapy by means of hypnosis; Breuer's first patient[1] was treated throughout under hypnotic influence, and to begin with I followed him in this. I admit that at that period the work proceeded more easily and pleasantly, and also in a much shorter time. But results were capricious and not lasting; and for that reason I finally dropped hypnosis.[2] And I then understood that an insight into the dynamics of these illnesses had not been possible so long as hypnosis was employed.[3] That state was precisely able to withhold the existence of the resistance from the doctor's perception. It pushed the resistance back, making a certain area free for analytic work, and dammed it up at the frontiers of that area in such a way as to be impenetrable, just as doubt does in obsessional neurosis. For that reason I have been able to say that psycho-analysis proper began when I dispensed with the help of hypnosis.[4]

If, however, the recognition of resistance has become so important, we should do well to find room for a cautious doubt whether we have not been too light-heartedly assuming resistances. Perhaps there really are cases of neurosis in which associations fail for other reasons, perhaps the arguments against our hypotheses really deserve to have their content examined, and perhaps we are doing patients an injustice in so conveniently setting aside their intellectual criticisms as resistance. But, Gentlemen, we did not arrive at this judgement

is as full as any by Freud. But the special case of transference-resistance is discussed in greater detail in his paper on 'The Dynamics of Transference' (1912*b*).]

[1] [See Lecture XVIII, p. 279 f. above.]

[2] [Fairly exact dates for Freud's use of hypnotism (1887–1896) will be found in an Editor's footnote to the case of Lucy R. in *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 110–11.]

[3] [Freud tells us that he first realized the great importance of resistance during his analysis of Elisabeth von R. He was at that time using the 'pressure' technique, without hypnosis. See *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 154.]

[4] [Cf. Freud's statement in very similar words in his history of the psycho-analytic movement (1914*d*), *Standard Ed.*, **14**, 15. Earlier he had not been inclined to draw such a clear-cut line (cf. ibid., 7–8).]

lightly. We have had occasion to observe all these critical patients at the moment of the emergence of a resistance and after its disappearance. For resistance is constantly altering its intensity during the course of a treatment; it always increases when we are approaching a new topic, it is at its most intense while we are at the climax of dealing with that topic, and it dies away when the topic has been disposed of. Nor do we ever, unless we have been guilty of special clumsiness in our technique, have to meet the full amount of resistance of which a patient is capable. We have therefore been able to convince ourselves that on countless occasions in the course of his analysis the same man will abandon his critical attitude and then take it up again. If we are on the point of bringing a specially distressing piece of unconscious material to his consciousness, he is extremely critical; he may previously have understood and accepted a great deal, but now it is just as though those acquisitions have been swept away; in his efforts for opposition at any price, he may offer a complete picture of someone who is an emotional imbecile. But if we succeed in helping him to overcome this new resistance, he recovers his insight and understanding. Thus his critical faculty is not an independent function, to be respected as such, it is the tool of his emotional attitudes and is directed by his resistance. If there is something he does not like, he can put up a shrewd fight against it and appear highly critical, but if something suits his book, he can, on the contrary, show himself most credulous. Perhaps none of us are very different; a man who is being analysed only reveals this dependence of the intellect upon emotional life so clearly because in analysis we are putting such great pressure on him.

How, then, do we account for our observation that the patient fights with such energy against the removal of his symptoms and the setting of his mental processes on a normal course? We tell ourselves that we have succeeded in discovering powerful forces here which oppose any alteration of the patient's condition, they must be the same ones which in the past brought the condition about. During the construction of his symptoms something must have taken place which we can now reconstruct from our experiences during the removal of his symptoms. We already know from Breuer's observation that there is a precondition for the existence of a symptom: some

mental process must not have been brought to an end normally —so that it could become conscious. The symptom is a substitute for what did not happen at that point [p. 280 above]. We now know the point at which we must locate the operation of the force which we have surmised. A violent opposition must have started against the entry into consciousness of the questionable mental process, and for that reason it remained unconscious. As being something unconscious, it had the power to construct a symptom. This same opposition, during psychoanalytic treatment, sets itself up once more against our effort to transform what is unconscious into what is conscious. This is what we perceive as resistance. We have proposed to give the pathogenic process which is demonstrated by the resistance the name of *repression*.

We must now form more definite ideas about this process of repression. It is the precondition for the construction of symptoms; but it is also something to which we know nothing similar. Let us take as our model an impulse, a mental process that endeavours to turn itself into an action. We know that it can be repelled by what we term a rejection or condemnation. When this happens, the energy at its disposal is withdrawn from it; it becomes powerless, though it can persist as a memory. The whole process of coming to a decision about it runs its course within the knowledge of the ego. It is a very different matter if we suppose that the same impulse is subjected to repression. In that case it would retain its energy and no memory of it would remain behind; moreover the process of repression would be accomplished unnoticed by the ego. This comparison, therefore, brings us no nearer to the essential nature of repression.

I will put before you the only theoretical ideas which have proved of service for giving a more definite shape to the concept of repression. It is above all essential for this purpose that we should proceed from the purely descriptive meaning of the word 'unconscious' to the systematic meaning of the same word.[1] That is, we will decide to say that the fact of a psychical

[1] [See footnote 1, p. 227 above. The spatial analogy to resistance and repression, which follows here, is similar to the one in the second of his *Five Lectures* (1910*a*), *Standard Ed.*, **11**, 25-7.]

process being conscious or unconscious is only one of its attributes and not necessarily an unambiguous one. If a process of this kind has remained unconscious, its being kept away from consciousness may perhaps only be an indication of some vicissitude it has gone through, and not that vicissitude itself. In order to form a picture of this vicissitude, let us assume that every mental process — we must admit one exception, which we shall mention at a later stage[1] — exists to begin with in an unconscious stage or phase and that it is only from there that the process passes over into the conscious phase, just as a photographic picture begins as a negative and only becomes a picture after being turned into a positive. Not every negative, however, necessarily becomes a positive; nor is it necessary that every unconscious mental process should turn into a conscious one. This may be advantageously expressed by saying that an individual process belongs to begin with to the system of the unconscious and can then, in certain circumstances, pass over into the system of the conscious.

The crudest idea of these systems is the most convenient for us — a spatial one. Let us therefore compare the system of the unconscious to a large entrance hall, in which the mental impulses jostle one another like separate individuals. Adjoining this entrance hall there is a second, narrower, room — a kind of drawing-room — in which consciousness, too, resides. But on the threshold between these two rooms a watchman performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing-room if they displease him. You will see at once that it does not make much difference if the watchman turns away a particular impulse at the threshold itself or if he pushes it back across the threshold after it has entered the drawing-room. This is merely a question of the degree of his watchfulness and of how early he carries out his act of recognition. If we keep to this picture, we shall be able to extend our nomenclature further. The impulses in the entrance hall of the unconscious are out of sight of the conscious, which is in the other room; to begin with they must remain unconscious. If they have already pushed their way forward to the threshold and have been turned back by the watchman,

[1] [The exception, which seems to have escaped mention, must no doubt be the case of external perception.]

then they are inadmissible to consciousness,[1] we speak of them as *repressed*. But even the impulses which the watchman has allowed to cross the threshold are not on that account necessarily conscious as well; they can only become so if they succeed in catching the eye of consciousness. We are therefore justified in calling this second room the system of the *preconscious*. In that case becoming conscious retains its purely descriptive sense. For any particular impulse, however, the vicissitude of repression consists in its not being allowed by the watchman to pass from the system of the unconscious into that of the preconscious. It is the same watchman whom we get to know as resistance when we try to lift the repression by means of the analytic treatment.

Now I know you will say that these ideas are both crude and fantastic and quite impermissible in a scientific account. I know that they are crude, and, more than that, I know that they are incorrect, and, if I am not very much mistaken, I already have something better to take their place.[2] Whether it will seem to you equally fantastic I cannot tell. They are preliminary working hypotheses, like Ampère's manikin swimming in the electric current,[3] and they are not to be despised in so far as they are of service in making our observations intelligible. I should like to assure you that these crude hypotheses of the two rooms, the watchman at the threshold between them and consciousness as a spectator at the end of the second room, must nevertheless be very far reaching approximations to the real facts. And I should like to hear you admit that our terms, 'unconscious', 'preconscious' and 'conscious', prejudge things far less and are far easier to justify than others which have been proposed or are in use, such as 'subconscious', 'paraconscious', 'intraconscious' and the like.[4]

[1] ['*Bewusstwerdung*.' The term is due to Breuer, who constructed it on the model of *Aufgang* ('admissible to Court', 'having the right'). See Section 5 of his contribution to *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 225 *n*.]

[2] [What Freud had in mind is not obvious.]

[3] [A. M. Ampère (1775–1836), one of the founders of the science of electromagnetism, made use of a magnetic metal manikin in one of his early experiments establishing the relation between electricity and magnetism.]

[4] [Freud gives an explanation of his objection to the term 'sub-

It will therefore be of greater importance to me if you warn me that an arrangement of the mental apparatus, such as I have here assumed in order to explain neurotic symptoms, must necessarily claim general validity and must give us information about normal functioning as well. You will, of course, be quite right in this. At the moment we cannot pursue this implication further; but our interest in the psychology of the forming of symptoms cannot but be increased to an extraordinary extent if there is a prospect, through the study of pathological conditions, of obtaining access to the normal mental events which are so well concealed.

Perhaps you recognize, moreover, what it is that supports our hypotheses of the two systems, and their relation to each other and to consciousness? After all, the watchman between the unconscious and the preconscious is nothing else than the *censorship*, to which, as we found, the form taken by the manifest dream is subject. [Cf. Lecture IX, p. 139 above.] The day's residues, which we recognized as the instigators of the dream, were preconscious material which, at night-time and in the state of sleep, had been under the influence of unconscious and repressed wishful impulses; they had been able, in combination with those impulses and thanks to their energy, to construct the latent dream. Under the dominance of the unconscious system this material had been worked over (by condensation and displacement) in a manner which is unknown or only exceptionally permissible in normal mental life—that is, in the preconscious system. We came to regard this difference in their manner of operating as what characterizes the two systems; the relation which the preconscious has to consciousness was regarded by us merely as an indication of its belonging to one of the two systems.[1] Dreams are not pathological phenomena; they can appear in any healthy person under the conditions of a state of sleep. Our hypotheses about the structure of the mental apparatus, which allows us to understand the formation alike of dreams and of neurotic symptoms, has an incontrovertible

conscious' near the end of Chapter II of his work on lay analysis (1926*e*, *Standard Ed.*, **20**, 197). See also an Editor's footnote to Section I of 'The Unconscious' (1915*e*, *Standard Ed.*, **14**, 170).]

[1] [Cf. the discussions at the end of Lectures XIII and XIV, pp. 212 and 227.]

claim to being taken into account in regard to normal mental life as well.

That much is what we have to say for the moment about repression. But it is only the *precondition* for the construction of symptoms. Symptoms, as we know, are a substitute for something that is held back by repression. It is a long step further, however, from repression to an understanding of this substitutive structure. On this other side of the problem, these questions arise out of our observation of repression: what kind of mental impulses are subject to repression? by what forces is it accomplished? and for what motives? So far we have only one piece of information on these points. In investigating resistance we have learnt that it emanates from forces of the ego, from known and latent character traits [p. 291 above]. It is these too, therefore, that are responsible for repression, or at any rate they have a share in it. We know nothing more at present.

At this point the second of the two observations which I mentioned to you earlier [at the opening of this Lecture] comes to our help. It is quite generally the case that analysis allows us to arrive at the intention of neurotic symptoms. This again will be nothing new to you. I have already demonstrated it to you in two cases of neurosis.[1] But, after all, what do two cases amount to? You are right to insist on its being demonstrated to you in two hundred cases — in countless cases. The only trouble is that I cannot do that. Once again, your own experience must serve instead, or your belief, which on this point can appeal to the unanimous reports of all psycho-analysts.

You will recollect that, in the two cases whose symptoms we submitted to a detailed investigation, the analysis initiated us into these patients' most intimate sexual life. In the first case we further recognized with particular clarity the intention or purpose of the symptom we were examining, in the second case this was perhaps somewhat concealed by a factor which will be mentioned later [p. 300 below]. Well, every other case that we submit to analysis would show us the same thing that we have found in these two examples. In every instance we should be introduced by the analysis into the patient's sexual experiences and wishes; and in every instance we should be bound to see

[1] [In Lecture XVII, p. 261 ff. above.]

that the symptoms served the same intention. We find that this intention is the satisfaction of sexual wishes, the symptoms serve for the patients' sexual satisfaction; they are a substitute for satisfaction of this kind, which the patients are without in their lives.

Think of our first patient's obsessional action. The woman was without her husband, whom she loved intensely but with whom she could not share her life on account of his deficiencies and weaknesses. She had to remain faithful to him; she could not put anyone else in his place. Her obsessional symptom gave her what she longed for, set her husband on a pedestal, denied and corrected his weaknesses and above all his impotence. This symptom was fundamentally a wish-fulfilment, just like a dream and moreover, what is not always true of a dream, an *erotic* wish-fulfilment. In the case of our second patient you could at least gather that her ceremonial sought to obstruct intercourse between her parents or prevent it from producing a new baby. You will also probably have guessed that it was at bottom endeavouring to put her herself in her mother's place. Once again, therefore, a setting-aside of interferences with sexual satisfaction and a fulfilment of the patient's own sexual wishes. I shall soon come to the complication I have hinted at.

I should like to anticipate, Gentlemen, the qualifications which I shall have to make later in the universal validity of these statements. I will therefore point out to you that all I have said here about repression and the formation and meaning of symptoms was derived from three forms of neurosis—anxiety hysteria, conversion hysteria and obsessional neurosis and that in the first instance it is also valid only for these forms. These three disorders, which we are accustomed to group together as '*transference neuroses*',[1] also circumscribe the region in which psycho-analytic therapy can function. The other neuroses have been far less thoroughly studied by psycho-analysis; in one group of them the impossibility of therapeutic influence has been a reason for this neglect. Nor should you forget that psycho-analysis is still a very young science, that preparing for it costs much trouble and time, and that not at all long ago it

[1] [The explanation of this term is given in a later lecture, p. 445 below.]

was being practised single-handed. Nevertheless, we are everywhere on the point of penetrating to an understanding of these other disorders which are not transference neuroses. I hope later to be able to introduce you to the extensions of our hypotheses and findings which result from adaptation to this new material, and to show you that these further studies have not led to contradictions but to the establishment of higher unities.[1] If, then, everything I am saying here applies to the transference neuroses, let me first increase the value of symptoms by a new piece of information. For a comparative study of the determining causes of falling ill leads to a result which can be expressed in a formula: these people fall ill in one way or another of *frustration*, when reality prevents them from satisfying their sexual wishes.[2] You see how excellently these two findings tally with each other. It is only thus that symptoms can be properly viewed as substitutive satisfactions for what is missed in life.

No doubt all kinds of objections can still be raised to the assertion that neurotic symptoms are substitutes for sexual satisfactions. I will mention two of them to-day. When you yourselves have carried out analytic examinations of a considerable number of neurotics, you will perhaps tell me, shaking your head, that in a lot of cases my assertion is simply not true; the symptoms seem rather to have the contrary purpose of excluding or of stopping sexual satisfaction. I will not dispute the correctness of your interpretation. The facts in psycho-analysis have a habit of being rather more complicated than we like. If they were as simple as all that, perhaps it might not have needed psycho-analysis to bring them to light. Indeed, some of the features of our second patient's ceremonial show signs of this ascetic character with its hostility to sexual satisfaction: when, for instance, she got rid of the clocks and watches [p. 265], which had the magical meaning of avoiding erections during the night [p. 267], or when she tried to guard against flower-pots falling and breaking [p. 265], which was equivalent to protecting her virginity [p. 267]. In some other cases of bed-ceremonials, which I have been able to analyse, this negative character was far more outspoken; the ceremonial might con-

[1] [See the discussion of narcissism in Lecture XXVI.]

[2] [This is discussed in greater detail in Lecture XXII, p. 344 ff. below.]

sist exclusively of defensive measures against sexual memories and temptations. However, we have already found often enough that in psycho-analysis opposites imply no contradiction.[1] We might extend our thesis and say that symptoms aim either at a sexual satisfaction or at fending it off, and that on the whole the positive, wish-fulfilling character prevails in hysteria and the negative, ascetic one in obsessional neurosis. If symptoms can serve the purpose both of sexual satisfaction and of its opposite, there is an excellent basis for this double-sidedness or polarity in a part of their mechanism which I have so far not been able to mention. For, as we shall hear, they are the products of a compromise and arise from the mutual interference between two opposing currents; they represent not only the repressed but also the repressing force which had a share in their origin. One side or the other may be more strongly represented; but it is rarely that one influence is entirely absent. In hysteria a convergence of both intentions in the same symptom is usually achieved. In obsessional neurosis the two portions are often separated, the symptom then becomes diphasic [falls into two stages] and consists in two actions, one after the other, which cancel each other out.[2]

We shall not be able to dismiss a second objection so easily. If you survey a fairly long series of interpretations of symptoms, you will probably start by judging that the concept of a substitutive sexual satisfaction has been stretched to its extreme limits in them. You will not fail to emphasize the fact that these symptoms offer nothing real in the way of satisfaction, that often enough they are restricted to the revival of a sensation or the representation of a phantasy derived from a sexual complex. And you will further point out that these supposed sexual satisfactions often take on a childish and discreditable form, approximate to an act of masturbation perhaps, or recall dirty kinds of naughtiness which are forbidden even to children—habits of which they have been broken. And, going on from this, you will also express surprise that we are representing as a sexual satisfaction what would rather have to be described as the

[1] [Cf. in Lecture XI, p. 178 above.]

[2] [Examples of this will be found, with a discussion, in Section E of Part I of the 'Rat Man' case history (1909*d*), *Standard Ed.*, 10, 191–2 and footnote.]

satisfaction of lusts that are cruel or horrible or would even have to be called unnatural. We shall come to no agreement, Gentlemen, on this latter point till we have made a thorough investigation of the sexual life of human beings and till, in doing so, we have decided what it is that we are justified in calling 'sexual'.

LECTURE XX

THE SEXUAL LIFE OF HUMAN BEINGS[1]

LADIES AND GENTLEMEN,—One would certainly have supposed that there could be no doubt as to what is to be understood by 'sexual'. First and foremost, what is sexual is something improper, something one ought not to talk about. I have been told that the pupils of a celebrated psychiatrist made an attempt once to convince their teacher of how frequently the symptoms of hysterical patients represent sexual things. For this purpose they took him to the bedside of a female hysteric, whose attacks were an unmistakable imitation of the process of childbirth. But with a shake of his head he remarked: 'Well, there's nothing sexual about childbirth.' Quite right. Childbirth need not in every case be something improper.

I see that you take offence at my joking about such serious things. But it is not altogether a joke. Seriously, it is not easy to decide what is covered by the concept 'sexual'. Perhaps the only suitable definition would be 'everything that is related to the distinction between the two sexes'. But you will regard that as colourless and too comprehensive. If you take the fact of the sexual act as the central point, you will perhaps define as sexual everything which, with a view to obtaining pleasure, is concerned with the body, and in particular with the sexual organs, of someone of the opposite sex, and which in the last resort aims at the union of the genitals and the performance of the sexual act. But if so you will really not be very far from the equation of what is sexual with what is improper, and childbirth will really not be anything sexual. If, on the other hand, you take the reproductive function as the nucleus of sexuality, you risk excluding a whole number of things which are not aimed at

[1] [Freud's principal work on this subject was, of course, his *Three Essays on the Theory of Sexuality* (1905*d*), to which he made a large number of additions and corrections in a succession of editions over the subsequent twenty years. A list of his chief alterations to the text is given in an appendix to the work in *S.E.*, 7, 244–5. The material in this and the following lecture is mainly derived from the *Three Essays*.]

reproduction but which are certainly sexual, such as masturbation and perhaps even kissing. But we are already prepared to find that attempts at a definition always lead to difficulties; so let us renounce the idea of doing better in this particular case. We may suspect that in the course of the development of the concept 'sexual' something has happened which has resulted in what Silberer has aptly called an 'error of superimposition'.[1]

On the whole, indeed, when we come to think of it, we are not quite at a loss in regard to what it is that people call sexual. Something which combines a reference to the contrast between the sexes, to the search for pleasure, to the reproductive function and to the characteristic of something that is improper and must be kept secret—some such combination will serve for all practical purposes in everyday life. But for science that is not enough. By means of careful investigations (only made possible, indeed, by disinterested self-discipline) we have come to know groups of individuals whose 'sexual life' deviates in the most striking way from the usual picture of the average. Some of these 'perverse' people have, we might say, struck the distinction between the sexes off their programme. Only members of their own sex can rouse their sexual wishes; those of the other sex, and especially their sexual parts, are not a sexual object for them at all, and in extreme cases are an object of disgust. This implies, of course, that they have abandoned any share in reproduction. We call such people homosexuals or inverts. They are men and women who are often, though not always, irreproachably fashioned in other respects, of high intellectual and ethical development, the victims only of this one fatal deviation. Through the mouth of their scientific spokesmen they represent themselves as a special variety of the human species—a 'third sex' which has a right to stand on an equal footing beside the other two. We shall perhaps have an opportunity of examining their claims critically. [Cf. p. 307 f. below.] Of course they are not, as they also like to assert, an '*elite*' of man-

[1] ['*Uberlagerung*.' See Silberer, 1914, 161. What Silberer seems to have in mind is most clearly thinking that you are looking at a single thing, when in fact you are looking at two different things superimposed on each other.]

kind; there are at least as many inferior and useless individuals among them as there are among those of a different sexual kind.

This class of perverts at any rate behave to their sexual objects in approximately the same way as normal people do to theirs. But we now come to a long series of abnormal people whose sexual activity diverges more and more widely from what seems desirable to a sensible person. In their multiplicity and strangeness they can only be compared to the grotesque monsters painted by Breughel for the temptation of St. Anthony or to the long procession of vanished gods and believers which Flaubert leads past, before the eyes of his pious penitent.[1] Such a medley calls for some kind of arrangement if it is not to confuse our senses. We accordingly divide them into those in whom, like the homosexuals, the sexual *object* has been changed, and others in whom the sexual *aim* is what has primarily been altered. The first group includes those who have renounced the union of the two genitals and who replace the genitals of one of the couple engaged in the sexual act by some other part or region of the body, in this they disregard the lack of suitable organic arrangements as well as any impediment offered by feelings of disgust. They replace the vulva, for instance, by the mouth or anus. Others follow, who, it is true, still retain the genitals as an object—not, however, on account of their sexual function but of other functions in which the genital plays a part either for anatomical reasons or because of its propinquity. We find from them that the excretory functions, which have been put aside as improper during the upbringing of children, retain the ability to attract the whole of sexual interest. Then come others again, who have abandoned the genital as an object altogether, and have taken some other part of the body as the object they desire—a woman's breast, a foot or a plait of hair. After them come others for whom parts of the body are of no importance but whose every wish is satisfied by a piece of clothing, a shoe, a piece of underclothing—the fetishists. Later in the procession come people who require the whole object indeed, but make quite definite demands of it—strange or horrible—even that it must have become a defenceless corpse,

[1] [Flaubert's *La tentation de Saint Antoine*, Part V of the final version (1874).]

and who, using criminal violence, make it into one so that they may enjoy it. But enough of this kind of horror!

The second group is led by perverts who have made what is normally only an introductory or preparatory act into the aim of their sexual wishes. They are people whose desire it is to look at the other person or to feel him or to watch him in the performance of his intimate actions, or who expose parts of their own bodies which should be covered, in the obscure expectation that they may be rewarded by a corresponding action in return. Next come the sadists, puzzling people whose tender endeavours have no other aim than to cause pain and torment to their object, ranging from humiliation to severe physical injuries; and, as though to counterbalance them, their counterparts, the masochists, whose only pleasure it is to suffer humiliations and torments of every kind from their loved object either symbolically or in reality. There are still others in whom several of these abnormal preconditions are united and intertwined; and lastly, we must learn that each of these groups is to be found in two forms, alongside of those who seek their sexual satisfaction in reality are those who are content merely to *imagine* that satisfaction, who need no real object at all, but can replace it by their phantasies.

Now there cannot be the slightest doubt that all these crazy, eccentric and horrible things really constitute the sexual activity of these people. Not only do they themselves regard them as such and are aware that they are substitutes for each other, but we must admit that they play the same part in their lives as normal sexual satisfaction does in ours, they make the same, often excessive sacrifices for them, and we can trace both in the rough and in finer detail the points at which these abnormalities are based on what is normal and the points at which they diverge from it. Nor can you fail to notice that here once again you find the characteristic of being improper, which clings to sexual activity, though here it is for the most part intensified to the point of being abominable.

Well, Ladies and Gentlemen, what attitude are we to adopt to these unusual kinds of sexual satisfaction? Indignation, an expression of our personal repugnance and an assurance that we ourselves do not share these lusts will obviously be of no

help. Indeed, that is not what we have been asked for. When all is said and done, what we have here is a field of phenomena like any other. A denial in the form of an evasive suggestion that after all these are only rarities and curiosities would be easy to refute. On the contrary, we are dealing with quite common and widespread phenomena. If, however, it is argued that we need not allow our views of sexual life to be misled by them because they are one and all aberrations and deviations of the sexual instinct, a serious answer is called for. Unless we can understand these pathological forms of sexuality and can co-ordinate them with normal sexual life, we cannot understand normal sexuality either. In short, it remains an unavoidable task to give a complete theoretical account of how it is that these perversions can occur and of their connection with what is described as normal sexuality.

We shall be helped in this by a piece of information and two fresh observations. We owe the former to Iwan Bloch [1902–3]. It corrects the view that all these perversions are 'signs of degeneracy' by showing that aberrations of this kind from the sexual aim, loosenings like these of the tie with the sexual object, have occurred from time immemorial, in all periods known to us, among all peoples, the most primitive and the most civilized, and have occasionally obtained toleration and general recognition. The two observations were derived from the psycho-analytic investigation of neurotics, they are bound to have a decisive influence on our view of the sexual perversions.

I have said that neurotic symptoms are substitutes for sexual satisfaction [p. 299], and I indicated to you that the confirmation of this assertion by the analysis of symptoms would come up against a number of difficulties. For it can only be justified if under 'sexual satisfaction' we include the satisfaction of what are called perverse sexual needs, since an interpretation of symptoms of that kind is forced upon us with surprising frequency. The claim made by homosexuals or inverts to being exceptions collapses at once when we learn that homosexual impulses are invariably discovered in every single neurotic, and that a fair number of symptoms give expression to this latent inversion. Those who call themselves homosexuals are only the conscious and manifest inverts, whose number is nothing

compared to that of the *latent* homosexuals. We are compelled, however, to regard choice of an object of one's own sex as a divergence in erotic life which is of positively habitual occurrence, and we are learning more and more to ascribe an especially high importance to it. No doubt this does not do away with the differences between manifest homosexuality and a normal attitude, their practical significance remains, but their theoretical value is greatly diminished. We have even found that a particular disease, paranoia, which is not to be counted among the transference neuroses, regularly arises from an attempt to fend off excessively strong homosexual impulses.[1] You will perhaps recall that one of our patients (p. 262) behaved in her obsessional action like a man, her own husband whom she had left, neurotic women very commonly produce symptoms in this way in the character of a man. Even if this is not actually to be regarded as homosexuality, it is closely related to its preconditions.

As you probably know, the hysterical neurosis can produce its symptoms in any system of organs and so disturb any function. Analysis shows that in this way all the so-called perverse impulses which seek to replace the genital by some other organ manifest themselves: these organs are then behaving like substitutive genitals. The symptoms of hysteria have actually led us to the view that the bodily organs, besides the functional part they play, must be recognized as having a sexual (erotogenic) significance, and that the execution of the first of these tasks is disturbed if the second of them makes too many claims.[2] Countless sensations and innervations which we come across as symptoms of hysteria in organs that have no apparent connection with sexuality are in this way revealed to us as being in the nature of fulfilments of perverse sexual impulses in relation to which other organs have acquired the significance of the sexual parts. We learn too to what a large extent the organs for the intake of nourishment and for excretion can in particular become the vehicles of sexual excitation. Here, then, we have the same thing that we were shown by the perversions, only in their case it was visible easily and unmistakably, whereas in

[1] [Paranoia is further discussed in Lecture XXVI (p. 423 ff. below).]

[2] [This point is discussed at greater length in a paper on psychogenic disturbance of vision (1910*i*), *Standard Ed.*, **11**, 215 ff.]

hysteria we have to take a circuitous path by way of the interpretation of symptoms, and do not then ascribe the perverse sexual impulses concerned to the subject's consciousness but locate them in his unconscious.

Of the many symptomatic pictures in which obsessional neurosis appears, the most important turn out to be those provoked by the pressure of excessively strong sadistic sexual impulses (perverse, therefore, in their aim). The symptoms, indeed, in accordance with the structure of an obsessional neurosis, serve predominantly as a *defence* against these wishes or give expression to the struggle between satisfaction and defence. But satisfaction does not come off too badly either; it succeeds in roundabout ways in putting itself into effect in the patients' behaviour and is preferably directed against themselves and makes them into self-tormentors. Other forms of the neurosis, the brooding kinds, correspond to an excessive sexualization of actions which ordinarily have their place on the path to normal sexual satisfaction—an excessive sexualization of wanting to look or to touch or to explore. Here we have the explanation of the great importance of the fear of touching and of the obsession for washing. An unsuspectedly large proportion of obsessional actions may be traced back to masturbation, of which they are disguised repetitions and modifications;[1] it is a familiar fact that masturbation, though a single and uniform action, accompanies the most various forms of sexual phantasying.

I should not have much difficulty in giving you a far more intimate picture of the relations between perversion and neurosis, but I think what I have already said will serve our purpose. We must however guard against being misled by what I have told you of the meaning of symptoms into over-estimating the frequency and intensity of people's perverse inclinations. It is possible, as you have heard [p. 316], to fall ill of a neurosis as a result of a frustration of normal sexual satisfaction. But when a real frustration like this occurs, the mind moves over on to abnormal methods of sexual excitation. You will later learn the way in which this happens [p. 341 ff.]. But in any case you

[1] [The mechanism of the development of obsessional symptoms is described in detail in the paper on obsessions and phobias (1907*b*), *Standard Ed.*, 9, 123 ff.]

will realize that as a result of this 'collateral' damming-back [of the normal sexual current] the perverse impulses must emerge more strongly than they would have if normal sexual satisfaction had met with no obstacle in the real world.[1] Moreover a similar influence is to be recognized also as affecting the *manifest* perversions. In some cases they are provoked or made active if the normal satisfaction of the sexual instinct encounters too great difficulties for temporary reasons or because of permanent social regulations.[2] In other cases, it is true, the inclination to perversions is quite independent of such favouring conditions; they are, we might say, the normal species of sexual life for those particular individuals.

For the moment, perhaps, you may have an impression that I have confused rather than explained the relation between normal and perverse sexuality. But you must bear the following consideration in mind. If it is true that increased difficulty in obtaining normal sexual satisfaction in real life, or deprivation of that satisfaction, brings out perverse inclinations in people who had not shown any previously, we must suppose that there was something in these people which came half-way to meet the perversions; or, if you prefer it, the perversions must have been present in them in a latent form.

And this brings us to the second novelty that I announced to you [p. 307].[3] For psycho-analytic research has had to concern itself, too, with the sexual life of children, and this is because the memories and associations arising during the analysis of symptoms [in adults] regularly led back to the early years of childhood. What we inferred from these analyses was later confirmed point by point by direct observations of children.[4] And it then

[1] [This analogy of a collateral flow through intercommunicating channels is more clearly explained in Section 6 of the first of Freud's *Three Essays* (1905*d*), *Standard Ed.*, **7**, 170. Cf. also below, p. 345.]

[2] [This last point is discussed at length in Freud's paper on '"Civilized" Sexual Morality and Modern Nervous Illness' (1908*d*), *Standard Ed.*, **9**, especially 200–1.]

[3] [The first was the important part played in the neuroses by perverse sexuality. What follows was touched on more briefly in Lecture XIII, p. 208 ff. above.]

[4] [The earliest of these direct observations were made in the case of 'Little Hans' (1909*b*).]

turned out that all these inclinations to perversion had their roots in childhood, that children have a predisposition to all of them and carry them out to an extent corresponding to their immaturity — in short, that perverse sexuality is nothing else than a magnified infantile sexuality split up into its separate impulses.

At all events you will now see the perversions in a new light and no longer fail to realize their connection with the sexual life of human beings: but at the price of what surprises and of what feelings of distress over these incongruities! No doubt you will feel inclined at first to deny the whole business: the fact that children have anything that can be described as sexual life, the correctness of our observations and the justification for finding any kinship between the behaviour of children and what is later condemned as perversion. So allow me to begin by explaining to you the motives for your opposition, and then to present you with the sum of our observations. To suppose that children have no sexual life — sexual excitations and needs and a kind of satisfaction — but suddenly acquire it between the ages of twelve and fourteen, would (quite apart from any observations) be as improbable, and indeed senseless, biologically as to suppose that they brought no genitals with them into the world and only grew them at the time of puberty. What *does* awaken in them at this time is the reproductive function, which makes use for its purposes of physical and mental material already present. You are committing the error of confusing sexuality and reproduction and by doing so you are blocking your path to an understanding of sexuality, the perversions and the neuroses. This error is, however, a tendentious one. Strangely enough, it has its source in the fact that you yourselves were once children and, while you were children, came under the influence of education. For society must undertake as one of its most important educative tasks to tame and restrict the sexual instinct when it breaks out as an urge to reproduction, and to subject it to an individual will which is identical with the bidding of society. It is also concerned to postpone the full development of the instinct till the child shall have reached a certain degree of intellectual maturity, for, with the complete irruption of the sexual instinct, educability is for practical purposes at an end. Otherwise, the instinct

would break down every dam and wash away the laboriously erected work of civilization. Nor is the task of taming it ever an easy one; its success is sometimes too small, sometimes too great. The motive of human society is in the last resort an economic one; since it does not possess enough provisions to keep its members alive unless they work, it must restrict the number of its members and divert their energies from sexual activity to work. It is faced, in short, by the eternal, primaeval exigencies of life, which are with us to this day.[1]

Experience must no doubt have taught the educators that the task of making the sexual will of the new generation tractable could only be carried out if they began to exercise their influence very early, if they did not wait for the storm of puberty but intervened already in the sexual life of children which is preparatory to it. For this reason almost all infantile sexual activities were forbidden to children and frowned upon; an ideal was set up of making the life of children asexual, and in course of time things came to the point at which people really believed they were asexual and thereafter science pronounced this as its doctrine. To avoid contradicting their beliefs and their intentions, people since then overlook the sexual activities of children (no mean achievement) or are content in science to take a different view of them. Children are pure and innocent, and anyone who describes them otherwise can be charged with being an infamous blasphemer against the tender and sacred feelings of mankind.

Children are alone in not falling in with these conventions. They assert their animal rights with complete *naïveté* and give constant evidence that they have still to travel the road to purity. Strangely enough, the people who deny the existence of sexuality in children do not on that account become milder in their educational efforts but pursue the manifestations of what they deny exists with the utmost severity—describing them as 'childish naughtinesses'. It is also of the highest theoretical interest that the period of life which contradicts the prejudice of an asexual childhood most glaringly—the years of a child's life up to the age of five or six—is afterwards covered in most people by the veil of amnesia which is only completely torn away by an analytic enquiry, though it has been per-

[1] [See p. 22 f. above.]

meable earlier for the construction of a few dreams. [Cf. p. 201 above.]

I will now set out before you what is most definitely known about the sexual life of children. Let me at the same time, for convenience sake, introduce the concept of 'libido'. On the exact analogy of 'hunger', we use 'libido' as the name of the force (in this case that of the sexual instinct, as in the case of hunger that of the nutritive instinct, by which the instinct manifests itself. Other concepts, such as sexual 'excitation' and 'satisfaction', call for no explanation. You yourselves will easily perceive that the sexual activities of infants in arms are mostly a matter of interpretation, or you will probably use that as a ground of objection These interpretations are arrived at on the basis of analytic examinations made by tracing from the symptoms backwards. In an infant the first impulses of sexuality make their appearance attached to other vital functions. His main interest is, as you know, directed to the intake of nourishment; when children fall asleep after being sated at the breast, they show an expression of blissful satisfaction which will be repeated later in life after the experience of a sexual orgasm. This would be too little on which to base an inference. But we observe how an infant will repeat the action of taking in nourishment without making a demand for further food; here, then, he is not actuated by hunger. We describe this as sensual sucking,[1] and the fact that in doing this he falls asleep once more with a blissful expression shows us that the act of sensual sucking has in itself alone brought him satisfaction. Soon, as we know, things come to a point at which he cannot go to sleep without having sucked. A paediatrician in Budapest, Dr. Lindner [1879], was the first to point out long ago the sexual nature of this activity. Those who are in charge of children, and who have no theoretical views on the subject, seem to form a similar judgment of sucking. They have no doubt of its only purpose being to obtain pleasure, class it as one of a child's 'naughtinesses' and compel him to abandon it by causing him distress, if he will not give it up of his own accord. Thus we learn that infants perform actions which have no purpose other

[1] [The German nursery terms here used are '*lutschen*' or '*lutzeln*', for which there is no obvious English equivalent.]

than obtaining pleasure. It is our belief that they first experience this pleasure in connection with taking nourishment but that they soon learn to separate it from that accompanying condition. We can only refer this pleasure to an excitation of the areas of the mouth and lips; we call those parts of the body 'erotogenic zones' and describe the pleasure derived from sucking as a sexual one. We shall no doubt have to discuss further whether this description is justifiable.

If an infant could speak, he would no doubt pronounce the act of sucking at his mother's breast by far the most important in his life. He is not far wrong in this, for in this single act he is satisfying at once the two great vital needs. We are therefore not surprised to learn from psycho-analysis how much psychical importance the act retains all through life. Sucking at the mother's breast is the starting-point of the whole of sexual life, the unmatched prototype of every later sexual satisfaction, to which phantasy often enough recurs in times of need. This sucking involves making the mother's breast the first object of the sexual instinct. I can give you no idea of the important bearing of this first object upon the choice of every later object, of the profound effects it has in its transformations and substitutions in even the remotest regions of our sexual life. But at first the infant, in his sucking activity, gives up this object and replaces it by a part of his own body. He begins to suck his thumbs or his own tongue. In this way he makes himself independent of the consent of the external world as regards gaining pleasure, and besides this he increases it by adding the excitation of a second area of his body. The erotogenic zones are not all equally generous in yielding pleasure; it is therefore an important experience when the infant, as Lindner reports, discovers, in the course of feeling around, the specially excitable regions afforded by his genitals and so finds his way from sucking to masturbation.

In forming this opinion of sensual sucking we have already become acquainted with two decisive characteristics of infantile sexuality. It makes its appearance attached to the satisfaction of the major organic needs, and it behaves *auto-erotically* — that is, it seeks and finds its objects in the infant's own body. What has been shown most clearly in connection with the intake of nourishment is repeated in part with the excretions.

We conclude that infants have feelings of pleasure in the process of evacuating urine and faeces and that they soon contrive to arrange those actions in such a way as to bring them the greatest possible yield of pleasure through the corresponding excitations of the erotogenic zones of the mucous membrane. It is here for the first time (as Lou Andreas-Salomé [1916] has subtly perceived) that they encounter the external world as an inhibiting power, hostile to their desire for pleasure, and have a glimpse of later conflicts both external and internal. An infant must not produce his excreta at whatever moment he chooses, but when other people decide that he shall. In order to induce him to forgo these sources of pleasure, he is told that everything that has to do with these functions is improper and must be kept secret. This is where he is first obliged to exchange pleasure for social respectability. To begin with, his attitude to his excreta themselves is quite different. He feels no disgust at his faeces, values them as a portion of his own body with which he will not readily part, and makes use of them as his first 'gift', to distinguish people whom he values especially highly. Even after education has succeeded in its aim of making these inclinations alien to him, he carries on his high valuation of faeces in his estimate of 'gifts' and 'money'. On the other hand he seems to regard his achievements in urinating with peculiar pride.[1]

I know you have been wanting for a long time to interrupt me and exclaim: 'Enough of these atrocities! You tell us that defaecating is a source of sexual satisfaction, and already exploited in infancy! that faeces is a valuable substance and that the anus is a kind of genital! We don't believe all that—but we do understand why paediatricians and educationists have given a wide berth to psycho-analysis and its findings.' No, Gentlemen. You have merely forgotten that I have been trying to introduce the facts of infantile sexual life to you in connection with the facts of the sexual perversions. Why should you

[1] [The relations between faeces and money were discussed by Freud in a paper on 'Character and Anal Erotism' (1908*b*) and in a later one, almost contemporary with the present lecture, 'On Transformations of Instinct as Exemplified in Anal Erotism' (1917*c*). The connection between micturition and praise had been shown in a dream-analysis in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 403.]

not be aware that for a large number of adults, homosexual and heterosexual alike, the anus does really take over the role of the vagina in sexual intercourse? And that there are many people who retain a voluptuous feeling in defaecating all through their lives and describe it as being far from small? As regards interest in the act of defaecation and enjoyment in watching someone else defaecating, you can get children themselves to confirm the fact when they are a few years older and able to tell you about it. Of course, you must not have systematically intimidated them beforehand, or they will quite understand that they must be silent on the subject. And as to the other things that you are anxious not to believe, I will refer you to the findings of analysis and of the direct observation of children and will add that it calls for real ingenuity not to see all this or to see it differently. Nor do I complain if you find the kinship between infantile sexual activity and sexual perversions something very striking. But it is in fact self-evident: if a child has a sexual life at all it is bound to be of a perverse kind; for, except for a few obscure hints, children are without what makes sexuality into the reproductive function. On the other hand, the abandonment of the reproductive function is the common feature of all perversions. We actually describe a sexual activity as perverse if it has given up the aim of reproduction and pursues the attainment of pleasure as an aim independent of it. So, as you will see, the breach and turning-point in the development of sexual life lies in its becoming subordinate to the purposes of reproduction. Everything that happens before this turn of events and equally everything that disregards it and that aims solely at obtaining pleasure is given the uncomplimentary name of 'perverse' and as such is proscribed.

Allow me, therefore, to proceed with my brief account of infantile sexuality. What I have already reported of two systems of organs [nutritional and excretory] might be confirmed in reference to the others. A child's sexual life is indeed made up entirely of the activities of a number of component instincts which seek, independently of one another, to obtain pleasure, in part from the subject's own body and in part already from an external object. Among these organs the genitals come into prominence very soon. There are people in whom obtaining pleasure from their own genitals, without the assistance of any

other genitals or of an object, continues uninterruptedly from infantile masturbation to the unavoidable masturbation[1] of puberty and persists for an indefinite length of time afterwards. Incidentally, the topic of masturbation is not one that can be so easily disposed of: it is something that calls for examination from many angles.[2]

Though I am anxious to cut short this discussion still further, I must nevertheless tell you a little about the sexual researches of children: they are too characteristic of infantile sexuality and of too great significance for the symptomatology of the neuroses to be passed over.[3] Infantile sexual researches begin very early, sometimes before the third year of life. They do not relate to the distinction between the sexes,[4] for this means nothing to children, since they (or at any rate boys) attribute the same male genital to both sexes. If, afterwards, a boy makes the discovery of the vagina from seeing his little sister or a girl playmate, he tries, to begin with, to disavow the evidence of his senses, for he cannot imagine a human creature like himself who is without such a precious portion. Later on, he takes fright at the possibility thus presented to him; and any threats that may have been made to him earlier, because he took too intense an interest in his little organ, now produce a deferred effect. He comes under the sway of the castration complex,[5] the

[1] ['*Notonanie*.' Literally, masturbation by necessity, i.e. forced on the subject by circumstances.]

[2] [Freud's fullest remarks on the subject are in his 'Contribution to a Discussion on Masturbation' (1912*f*), *Standard Ed.*, **12**, 241 ff., where an Editor's Note gives further references.]

[3] [See 'On the Sexual Theories of Children' (1908*c*).]

[4] [This statement and the related one at the beginning of the next paragraph were corrected by Freud later, in a footnote to his paper on the anatomical distinction between the sexes (1925*j*), *Standard Ed.*, **19**, 252 *n*. He there argues that the problem of sex-distinction came first and that of the origin of babies afterwards, at any rate to girls.]

[5] [This has already been mentioned above (on p. 286), and appears again below (on p. 368 ff.). The first published discussions on the castration complex appeared in Freud's case history of 'Little Hans' (1909*b*), though it had been referred to in an earlier paper on the sexual theories of children (1908*c*), *Standard Ed.*, **9**, 217. Its relation to the Oedipus complex was fully examined in later years, more particularly in Freud's papers on 'The Dissolution of the Oedipus Complex' (1924*d*), and on the anatomical distinction between the sexes (1925*j*).]

form taken by which plays a great part in the construction of his character if he remains normal, in his neurosis if he falls ill, and in his resistances if he comes into analytic treatment. As regards little girls, we can say of them that they feel greatly at a disadvantage owing to their lack of a big, visible penis, that they envy boys for possessing one and that, in the main for this reason, they develop a wish to be a man—a wish that re-emerges later on, in any neurosis that may arise if they meet with a mishap in playing a feminine part. In her childhood, moreover, a girl's clitoris takes on the role of a penis entirely: it is characterized by special excitability and is the area in which auto-erotic satisfaction is obtained. The process of a girl's becoming a woman depends very much on the clitoris passing on this sensitivity to the vaginal orifice in good time and completely. In cases of what is known as sexual anaesthesia in women the clitoris has obstinately retained its sensitivity.

The sexual interest of children begins by turning, rather, to the problem of where babies come from[1]—the same problem which underlies the question put by the Theban Sphinx—and it is most often raised by egoistic fears on the arrival of a new baby. The reply which is ready to hand in the nursery, that babies are brought by the stork [p. 160], comes up against disbelief on the part even of small children far oftener than we are aware. The sense of being defrauded of the truth by the grown-ups contributes much to making children feel lonely and to developing their independence. But a child is not in a position to solve this problem by his own means. His undeveloped sexual constitution sets definite limits to his power of perception. He begins by supposing that babies come from people taking in something special in their food, nor does he know that only women can have babies. Later he becomes aware of this limitation and ceases to regard eating as the origin of babies—though the theory persists in fairy tales. When the child has grown bigger, he soon notices that his father must play some part in getting babies, but he cannot guess what. If he happens to witness a sexual act, he regards it as an attempt at subjugation, a struggle, and this is the sadistic misunderstanding of coition. But at first he does not connect this act with the coming into being of a baby. So, too, if he finds traces of blood on his

[1] [See the last footnote but one.]

mother's bed or on her underclothes, he takes it as a sign that she has been injured by his father. Still later in childhood, he no doubt suspects that the man's sexual organ has an essential share in producing babies, but the only function he can attribute to that part of the body is micturition.

From the very first, children are at one in thinking that babies must be born through the bowel; they must make their appearance like lumps of faeces. This theory is not abandoned until all anal interests have been deprived of their value, and it is then replaced by the hypothesis that the navel comes open or that the area of the breast between the nipples is where birth takes place. In this way the child in the course of his researches comes nearer to the facts about sex, or, feeling at a loss owing to his ignorance, he passes them by till, usually in the years before puberty, he is given what is as a rule a depreciatory and incomplete explanation, which often produces traumatic effects.

You will no doubt have heard, Gentlemen, that in psycho-analysis the concept of what is sexual has been unduly extended in order to support the theses of the sexual causation of the neuroses and the sexual meaning of symptoms. You are now in a position to judge for yourselves whether this extension is unjustified. We have only extended the concept of sexuality far enough to be able to comprise the sexual life of perverts and of children. We have, that is to say, given it back its true compass. What is called sexuality outside psycho-analysis relates only to a restricted sexual life, which serves the purpose of reproduction and is described as normal.

LECTURE XXI

THE DEVELOPMENT OF THE LIBIDO AND THE SEXUAL ORGANIZATIONS

GENTLEMEN,—I am under the impression that I have not succeeded in bringing home to you quite convincingly the importance of the perversions for our view of sexuality, and I should therefore like so far as I can to improve and supplement what I have said.

It is not the case that the perversions alone would have obliged us to make the change in the concept of sexuality which has brought such violent contradictions down on us. The study of infantile sexuality had even more to do with it and it was the concurrence of the two which was decisive for us. But the manifestations of infantile sexuality, however unmistakable they may be in later childhood, seem to melt into indefiniteness towards their beginnings. Anyone who chooses to disregard the history of their development and their analytic context will deny that they are of a sexual character and will attribute some undifferentiated character to them instead. You must not forget that at the moment we are not in possession of any generally recognized criterion of the sexual nature of a process, apart, once again, from a connection with the reproductive function which we must reject as being too narrow-minded. The biological criteria, such as the periodicities of twenty-three and twenty-eight days postulated by Wilhelm Fliess [1906], are still highly debatable; the chemical characteristics of the sexual process, which we may suspect, are still awaiting discovery. On the other hand, the sexual perversions of adults are something tangible and unambiguous. As is already shown by the name by which they are universally known, they are unquestionably sexual. Whether they are described as indications of degeneracy or in any other way, no one has yet had the courage to class them as anything but phenomena of sexual life. On their account alone we are justified in asserting that sexuality and reproduction do not coincide, for it is obvious that all of them disavow the aim of reproduction.

I find a parallel here which is not uninteresting. Whereas for most people 'conscious' and 'psychical' are the same, we have been obliged to extend the concept of 'psychical' and to recognize something 'psychical' that is not 'conscious'. And in just the same way, whereas other people declare that 'sexual' and 'connected with reproduction' (or, if you prefer to put it more shortly, 'genital') are identical, we cannot avoid postulating something 'sexual' that is not 'genital' — has nothing to do with reproduction. The similarity here is only a formal one, but it is not without a deeper foundation.

But if the existence of sexual perversions is such a decisive argument in this question, why has it not long since had its effect and settled the matter? I really cannot say. I think it is connected with the fact that these sexual perversions are subject to a quite special ban, which has even affected theory and has stood in the way of the scientific consideration of them. It is as though no one could forget that they are not only something disgusting but also something monstrous and dangerous — as though people felt them as seductive, and had at bottom to fight down a secret envy of those who were enjoying them. One is reminded of the admission made by the condemnatory Landgrave in the famous *Tannhäuser* parody:

> 'Im Venusberg vergass er Ehr und Pflicht!
> —Merkwürdig, unser einem passiert
> so etwas nicht.'[1]

In reality perverts are poor wretches, rather, who have to pay extremely dear for their hard-won satisfaction.

What makes the activity of perverts so unmistakably sexual in spite of all the strangeness of its objects and aims is the fact that as a rule an act of perverse satisfaction nevertheless ends in complete orgasm and voidance of the genital products. This is of course only the result of the people concerned being adults. In children orgasm and genital excretion are scarcely possible; their place is taken by hints which are once more not recognized as being clearly sexual.

[1] ['The Venusberg made him forget
Honour and Duty thus' —
Strange how these things don't happen
To people such as us' —By Nestroy (cf. p. 352*n*).]

There is something else that I must add in order to complete our view of sexual perversions. However infamous they may be, however sharply they may be contrasted with normal sexual activity, quiet consideration will show that some perverse trait or other is seldom absent from the sexual life of normal people. Even a kiss can claim to be described as a perverse act, since it consists in the bringing together of two oral erotogenic zones instead of the two genitals. Yet no one rejects it as perverse; on the contrary, it is permitted in theatrical performances as a softened hint at the sexual act. But precisely kissing can easily turn into a complete perversion—if, that is to say, it becomes so intense that a genital discharge and orgasm follow upon it directly, an event that is far from rare. We can learn, too, that for one person feeling and looking at the object are indispensable preconditions of sexual enjoyment, that another person will pinch or bite at the climax of sexual excitation, that the highest pitch of excitement in lovers is not always provoked by the genitals but by some other region of the object's body, and any number of similar things besides. There is no sense in excluding people with individual traits of this kind from the class of the normal and putting them among the perverts. On the contrary, we shall recognize more and more clearly that the essence of the perversions lies not in the extension of the sexual aim, not in the replacement of the genitals, not even always in the variant choice of the object, but solely in the exclusiveness with which these deviations are carried out and as a result of which the sexual act serving the purpose of reproduction is put on one side. In so far as the perverse actions are inserted in the performance of the normal sexual act as preparatory or intensifying contributions, they are in reality not perversions at all. The gulf between normal and perverse sexuality is of course very much narrowed by facts of this kind. It is an easy conclusion that normal sexuality has emerged out of something that was in existence before it, by weeding out certain features of that material as unserviceable and collecting together the rest in order to subordinate them to a new aim, that of reproduction.

Before we make use of our familiarity with the perversions to plunge once again into the study of infantile sexuality on the basis of clearer premisses, I must draw your attention to an important difference between them. Perverse sexuality is as a

rule excellently centred: all its actions are directed to an aim — usually to a single one, one component instinct has gained the upper hand in it and is either the only one observable or has subjected the others to its purposes. In that respect there is no distinction between perverse and normal sexuality other than the fact that their dominating component instincts and consequently their sexual aims are different. In both of them, one might say, a well-organized tyranny has been established, but in each of the two a different family has seized the reins of power. Infantile sexuality, on the other hand, lacks, speaking generally, any such centring and organization; its separate component instincts have equal rights, each of them goes its own way to obtaining pleasure. Both the absence and the presence of centring harmonize well, of course, with the fact that both perverse and normal sexuality have arisen out of infantile sexuality. Incidentally, there are also cases of perverse sexuality which have a much greater resemblance to the infantile kind, since in them numerous component instincts have put through (or, more correctly, have persisted in) their aims independently of one another. It is better in such cases to speak of infantilism in sexual life rather than of a perversion.

Thus forearmed we can proceed to the consideration of a suggestion which we shall certainly not be spared. 'Why', we shall be asked, 'are you so obstinate in describing as being already sexuality what on your own evidence are indefinable manifestations in childhood out of which sexual life will later develop? Why should you not be content instead with giving them a physiological description and simply say that in an infant at the breast we already observe activities, such as sensual sucking or holding back the excreta, which show us that he is striving for "organ-pleasure"[1] In that way you would have avoided the hypothesis, so repugnant to every feeling, of the smallest babies having a sexual life.' Indeed, Gentlemen, I have no objection at all to organ pleasure. I know that even the supreme pleasure

[1] ['*Organlust*.' The term occurs in 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, **14**, 126, where Freud seems to have used it for the first time. He uses it again in the *New Introductory Lectures* (1933*a*), ibid. **22**, 98. The *concept*, of course, is familiar from the time of the *Three Essays* (1905*d*), e.g. *Standard Ed.*, **7**, 197.]

of sexual union is only an organ-pleasure attached to the activity of the genitals. But can you tell me when this originally indifferent organ-pleasure acquires the sexual character which it undoubtedly possesses in the later phases of development? Do we know any more about 'organ-pleasure' than about sexuality? You will reply that it gains its sexual character precisely when the genitals begin to play their part; 'sexual' coincides with 'genital'. You will even reject the objection raised by the perversions by pointing out to me that in the majority of perversions a genital orgasm is after all aimed at, even if it is arrived at by a method other than the union of the genitals. You are certainly taking up a much stronger position in determining the characteristics of what is sexual if you knock out of it the relation to reproduction which is made untenable by the perversions and put genital activity in its place. But, if so, we are no longer far apart: it is only a question of the genital organs versus the other organs. What are you going to do, however, about the numerous experiences which show you that the genitals can be represented as regards their yield of pleasure by other organs, as in the case of kissing or of the perverse practices of voluptuaries or of the symptoms of hysteria? In that neurosis it is quite usual for signs of stimulation, sensations and innervations, and even the processes of erection, which belong properly to the genitals, to be displaced on to other, remote regions of the body — as, for instance, by transposition upwards, to the head and face. Being thus convinced that you have nothing to catch hold of for your characterization of what is sexual, you will no doubt have to make up your minds to follow my example and extend the description of being 'sexual' to the activities of early childhood, too, which strive for organ-pleasure.

And now, for my justification, there are two other considerations which I must ask you to take into account. As you know, we call the dubious and indefinable pleasurable activities of earliest childhood sexual because, in the course of analysis, we arrive at them from the symptoms after passing through indisputably sexual material. They need not necessarily themselves be sexual on that account — agreed! But take an analogous case. Suppose we had no means of observing the development from their seed of two dicotyledonous plants, the apple-tree and the

bean, but that it was possible in both cases for us to trace their development backwards from the fully developed individual plant to the first seedling with two seed-leaves. The two seed-leaves have a neutral appearance; they are just alike in both cases. Am I then to suppose that they are really alike, and that the specific difference between an apple-tree and a bean is only introduced into the plants later? Or is it biologically more correct to believe that this difference is already there in the seedling, although I cannot observe any distinction in the seed-leaves? But we are doing the same thing when we call the pleasure in the activities of an infant-in-arms a sexual one. I cannot discuss here whether each and every organ-pleasure should be called a sexual one or whether, alongside of the sexual one, there is another which does not deserve to be so called. I know too little about organ-pleasure and its determinants; and, in view of the retrogressive character of analysis in general, I cannot feel surprised if at the very end I arrive at what are for the time being indefinable factors.

And one thing more! On the whole you will have gained very little for what you want to assert — the sexual purity of children — even if you succeed in convincing me that it would be better to regard the activities of infants-in-arms as non-sexual. For the sexual life of children is already free from all these doubts from the third year of life onwards: at about that time the genitals already begin to stir, a period of infantile masturbation — of genital satisfaction, therefore — sets in, regularly perhaps. The mental and social phenomena of sexual life need no longer be absent; the choice of an object, an affectionate preference for particular people, a decision, even, in favour of one of the two sexes, jealousy — all these have been established by impartial observations made independently of psycho-analysis and before its time, and they can be confirmed by any observer who cares to see them. You will object that you have never doubted the early awakening of affection, you have only doubted whether this affection bears a 'sexual' character. It is true that children have already learnt to conceal this between the ages of three and eight, but if you are attentive you will be able nevertheless to collect enough evidence of the 'sensual' aims of this affection, and whatever you could lack after that can easily be supplied in plenty by the investigations of analysis. The sexual aims at this

period of life are intimately connected with the child's contemporary sexual researches, of which I have given you some instances [p. 317]. The perverse character of some of these aims is of course dependent on the child's constitutional immaturity, for he has not yet discovered the aim that consists in the act of copulation.

From about the sixth to the eighth year of life onwards, we can observe a halt and retrogression in sexual development, which, in cases where it is most propitious culturally, deserves to be called a period of latency. The latency period may also be absent: it need not bring with it any interruption of sexual activity and sexual interests along the whole line. The majority of experiences and mental impulses before the start of the latency period now fall victim to infantile amnesia — the forgetting (already discussed by us [p. 199 ff.]) which veils our earliest youth from us and makes us strangers to it. The task is set us in every psycho-analysis of bringing this forgotten period back into memory. It is impossible to avoid a suspicion that the beginnings of sexual life which are included in that period have provided the motive for its being forgotten—that this forgetting, in fact, is an outcome of repression.

From the third year of life a child's sexual life shows much agreement with an adult's. It differs from the latter, as we already know, in lacking a firm organization under the primacy of the genitals, in its inevitable traits of perversion and also, of course, in the far lesser intensity of the whole trend. But from the point of view of theory the most interesting phases of sexual, or, as we will say, of libidinal, development lie earlier than this point of time. This course of development takes place so rapidly that we should probably never have succeeded in getting a firm hold of its fleeting pictures by direct observation. It was only with the help of the psycho-analytic investigation of the neuroses that it became possible to discern the still earlier phases of the development of the libido. These are nothing but constructions, to be sure, but, if you carry out psycho-analyses in practice, you will find that they are necessary and useful constructions. You will soon learn how it comes about that pathology can here put us in possession of conditions which we should inevitably overlook in a normal subject.

Accordingly, I can now describe to you the form taken by a child's sexual life before the establishment of the primacy of the genitals, preparations for which are made in the first period of infancy preceding the latency period and which is permanently organized from puberty onwards. A kind of loose organization which may be called 'pregenital' exists during this early period. During this phase what stand in the forefront are not the genital component instincts but the sadistic and anal ones. The contrast between 'masculine' and 'feminine' plays no part here as yet. Its place is taken by the contrast between 'active' and 'passive', which may be described as a precursor of the sexual polarity and which later on is soldered to that polarity. What appears to us as masculine in the activities of this phase, when we look at it from the point of view of the genital phase, turns out to be an expression of an instinct for mastery which easily passes over into cruelty. Trends with a passive aim are attached to the erotogenic zone of the anal orifice, which is very important at this period. The instincts for looking and for gaining knowledge [the scopophilic and epistemophilic instincts] are powerfully at work; the genitals actually play a part in sexual life only as organs for the excretion of urine. The component instincts of this phase are not without objects, but those objects do not necessarily converge into a single object. The sadistic-anal organization is the immediate forerunner of the phase of genital primacy. Detailed study shows how much of it is retained in the later definitive shape of things and shows too the way in which its component instincts are compelled to take their place in the new genital organization.[1] Behind the sadistic-anal phase of libidinal development we get a glimpse of a still earlier and more primitive stage of organization, in which the erotogenic zone of the mouth plays the chief part. As you will guess, the sexual activity of sensual sucking [p. 313] belongs to it. We must admire the understanding of the Ancient Egyptians who, in their art, represented children, including the God Horus, with a finger in their mouth. Only recently Abraham [1916] has given examples of the traces which this primitive oral phase leaves behind it in later sexual life.

I can well suppose, Gentlemen, that this last account of the

[1] [I revised afterwards interposed a 'phallic' phase between the sadistic-anal and the genital organizations. Freud, 1923e.]

sexual organizations has obstructed rather than instructed you, and it may be that I have once more entered too much into details. But you must have patience. What you have just heard will derive increased value for you from its later application. For the present you should keep firmly in mind that sexual life (or, as we put it, the libidinal function) does not emerge as something ready-made and does not even develop further in its own likeness, but passes through a series of successive phases which do not resemble one another, its development is thus several times repeated—like that of a caterpillar into a butterfly. The turning-point of this development is the subordination of all the component sexual instincts under the primacy of the genitals and along with this the subjection of sexuality to the reproductive function. This is preceded by a sexual life that might be described as distracted: the independent activity of the different component instincts striving for organ-pleasure. This anarchy is mitigated by abortive beginnings of 'pregenital' organizations—a sadistic-anal phase preceded by an oral one, which is perhaps the most primitive. In addition, there are the various, still incompletely known, processes which lead one stage of organization over to the subsequent and next higher one. We shall learn later[1] what an important light is thrown on the neuroses by the fact that the libido passes through such a long course of development and one which has so many breaks in it.

To-day we will follow yet another side of this development—namely the relation of the component sexual instincts to their object. Or rather, we will make a hasty survey of this development and dwell somewhat longer on one of its rather late consequences. A few of the components of the sexual instinct, then, have an object from the first and hold fast to it—for instance, the instinct for mastery (sadism) and the scopophilic and epistemophilic instincts. Others, more definitely linked to particular erotogenic zones of the body, have one to begin with only, so long as they are still attached to the non-sexual functions [cf. p. 313 above], and give it up when they become separated from them. Thus the first object of the oral component of the sexual instinct is the mother's breast which satisfies the infant's

[1] [Actually in the next lecture.]

need for nourishment. The erotic component, which is satisfied simultaneously during the [nutritive] sucking, makes itself independent with the act of *sensual* sucking [*lutschen*]; it gives up the outside object and replaces it by an area of the subject's own body. The oral instinct becomes *auto-erotic*, as are the anal and other erotogenic instincts from the first. Further development, to put the matter as concisely as possible, has two aims firstly, the abandonment of auto-erotism, the replacement of the subject's own body once more by an outside object, and secondly, the unification of the various objects of the separate instincts and their replacement by a single object. This can, of course, only be achieved if the object is again a whole body, similar to the subject's own. Nor can it be effected unless a number of the auto-erotic instinctual impulses are left behind as being unserviceable.

The processes of finding an object are fairly complex and no comprehensive account has hitherto been given of them. For our purposes it may be specially pointed out that when, in the years of childhood before puberty, the process has in some respects reached a conclusion, the object that has been found turns out to be almost identical with the first object of the oral pleasure-instinct, which was reached by attachment [to the nutritional instinct].[1] Though it is not actually the mother's breast, at least it is the mother. We call the mother the first *love*-object. For we speak of love when we bring the mental side of the sexual trends into the foreground and want to force back the underlying physical or 'sensual' instinctual demands or to forget them for a moment. At the time at which the child's mother becomes his love-object the psychical work of repression has already begun in him, which is withdrawing from his knowledge awareness of a part of his sexual aims. To his choice of his mother as a love-object everything becomes attached which, under the name of the 'Oedipus complex', has attained so much importance in the psycho-analytic explanation of the neuroses and has played no less a part, perhaps, in the resistance to psycho-analysis. [Cf. p. 277 above.][2]

[1] [This is further explained in Lecture XXVI, p. 426 below.]

[2] Freud's first published statement of the Oedipus complex was given in *The Interpretation of Dreams* [1900], *Standard Ed.* 4, 261 n., in which he had put it forward earlier in a letter to Fliess of October 15, 1897

Listen to this episode which occurred in the course of the present war. One of the stout disciples of psycho-analysis was stationed as medical officer on the German front somewhere in Poland. He attracted his colleagues' attention by the fact that he occasionally exercised an unexpected influence on a patient. When he was questioned, he acknowledged that he was employing the methods of psycho-analysis and declared his readiness to convey his knowledge to his colleagues. Every evening thereafter the medical officers of the corps, his colleagues and his superiors, came together in order to learn the secret doctrines of analysis. All went well for a while; but when he spoke to his audience about the Oedipus complex, one of his superiors rose, declared he did not believe it, that it was a vile act on the part of the lecturer to speak of such things to them, honest men who were fighting for their country and fathers of a family, and that he forbade the continuance of the lectures. That was the end of the matter. The analyst got himself transferred to another part of the front. It seems to me a bad thing, however, if a German victory requires that science shall be 'organized' in this way, and German science will not respond well to organization of such a kind.

And now you will be eager to hear what this terrible Oedipus complex contains. Its name tells you. You all know the Greek legend of King Oedipus, who was destined by fate to kill his father and take his mother to wife, who did everything possible to escape the oracle's decree and punished himself by blinding when he learned that he had none the less unwittingly committed both these crimes. I hope many of you may yourselves have felt the shattering effect of the tragedy in which Sophocles has treated the story. The work of the Athenian dramatist exhibits the way in which the long-past deed of Oedipus is gradually brought to light by an investigation ingeniously protracted and fanned into life by ever fresh relays of evidence. To this extent it has a certain resemblance to the progress of a psychoanalysis. In the course of the dialogue Jocasta, the deluded mother and wife, declares herself opposed to the continuance of

(Freud, 1950*a*, Letter 71) The actual term 'Oedipus complex' was first introduced much later, in a paper on a special type of object-choice (1910*h*), *Standard Ed.*, **11**, 171.]

the enquiry. She appeals to the fact that many people have dreamt of lying with their mothers, but that dreams should be despised. We do not despise dreams—least of all, typical dreams which occur to many people; and we do not doubt that the dream referred to by Jocasta has an intimate connection with the strange and terrifying content of the legend.

It is a surprising thing that the tragedy of Sophocles does not call up indignant repudiation in his audience a reaction similar to that of our simple-minded army doctor but far better justified. For fundamentally it is an amoral work: it absolves men from moral responsibility, exhibits the gods as promoters of crime and shows the impotence of the moral impulses of men which struggle against crime. It might easily be supposed that the material of the legend had in view an indictment of the gods and of fate; and in the hands of Euripides, the critic and enemy of the gods, it would probably have become such an indictment. But with the devout Sophocles there is no question of an application of that kind. The difficulty is overcome by the pious sophistry that to bow to the will of the gods is the highest morality even when it promotes crime. I cannot think that this morality is a strong point of the play, but it has no influence on its effect. It is not to it that the auditor reacts but to the secret sense and content of the legend. He reacts as though by self-analysis he had recognized the Oedipus complex in himself and had unveiled the will of the gods and the oracle as exalted disguises of his own unconscious. It is as though he was obliged to remember the two wishes to do away with his father and in place of him to take his mother to wife and to be horrified at them. And he understands the dramatist's voice as though it were saying to him: 'You are struggling in vain against your responsibility and are protesting in vain of what you have done in opposition to these criminal intentions. You are guilty, for you have not been able to destroy them, they still persist in you unconsciously.' And there is psychological truth contained in this. Even if a man has repressed his evil impulses into the unconscious and would like to tell himself afterwards that he is not responsible for them, he is nevertheless bound to be aware of this responsibility as a sense of guilt whose basis is unknown to him.[1]

There can be no doubt that the Oedipus complex may be

[1] [Cf. a paragraph near the end of Lecture XIII, p. 211 above.]

looked upon as one of the most important sources of the sense of guilt by which neurotics are so often tormented. But more than this: in a study of the beginnings of human religion and morality which I published in 1913 under the title of *Totem and Taboo* [Freud, 1912–13] I put forward a suggestion that mankind as a whole may have acquired its sense of guilt, the ultimate source of religion and morality, at the beginning of its history, in connection with the Oedipus complex. I should be very glad to tell you more about this, but I had better leave it on one side. Once one has begun on that topic it is hard to break off; and we must go back to individual psychology.

What, then, can be gathered about the Oedipus complex from the direct observation of children at the time of their making their choice of an object before the latency period? Well, it is easy to see that the little man wants to have his mother all to himself, that he feels the presence of his father as a nuisance, that he is resentful if his father indulges in any signs of affection towards his mother and that he shows satisfaction when his father has gone on a journey or is absent. He will often express his feelings directly in words and promise his mother to marry her. It will be thought that this amounts to little compared to the deeds of Oedipus; but in fact it is enough, it is the same thing at root. Observation is often obscured by the circumstance that on other occasions the same child will simultaneously give evidence of great affection for his father. But contrary—or, as it is better to say, 'ambivalent'[1]—emotional attitudes, which in adults would lead to a conflict, remain compatible with each other for a long time in children, just as later they find a permanent place beside each other in the unconscious. It will also be objected that the little boy's conduct arises from egoistic motives and gives no grounds for postulating an erotic complex, the child's mother attends to all his needs, so that he has an interest in preventing her from looking after anyone else. This also is true; but it will soon become clear that in this situation as in similar ones the egoistic interest[2] is merely affording a point of support to which the erotic

[1] [See below, p. 427 f.]

[2] [This term recurs many times in Lecture XXVI, where some editorial comment is made on it (p. 414).]

trend is attached. The little boy may show the most undisguised sexual curiosity about his mother, he may insist upon sleeping beside her at night, he may force his presence on her while she is dressing or may even make actual attempts at seducing her, as his mother will often notice and report with amusement — all of which puts beyond doubt the erotic nature of his tie with his mother. Nor must it be forgotten that the mother devotes the same attention to a little daughter without producing the same result[1] and that the father often competes with her in looking after the boy and yet fails to gain the same significance as she does. In short, the factor of sexual preference cannot be eliminated from the situation by any criticism. From the standpoint of egoistic interest it would be simply foolish of the little man not to prefer to put up with having two people in his service rather than only one of them.

As you see, I have only described the relation of a *boy* to his father and mother. Things happen in just the same way with little girls, with the necessary changes[2] an affectionate attachment to her father, a need to get rid of her mother as superfluous and to take her place, a coquetry which already employs the methods of later womanhood — these offer a charming picture, especially in small girls, which makes us forget the possibly grave consequences lying behind this infantile situation. We must not omit to add that the parents themselves often exercise a determining influence on the awakening of a child's Oedipus attitude by themselves obeying the pull of sexual attraction, and that where there are several children the father will give the plainest evidence of his greater affection for his little daughter and the mother for her son. But the spontaneous nature of the Oedipus complex in children cannot be seriously shaken even by this factor.

When other children appear on the scene the Oedipus complex is enlarged into a family complex. That is, with fresh support

[1] [See, however, the next footnote.]

[2] [It was not till many years later that Freud became fully aware of the lack of symmetry in the Oedipus relations of the two sexes. This emerged in his paper on 'Some Psychical Consequences of the Anatomical Distinction between the Sexes' (1925*j*) and was elaborated in the latter one on 'Female Sexuality' (1931*b*). He discusses the question again in Lecture XXXIII of the *New Introductory Lectures* (1933*a*) and lastly in Chapter VII of his posthumous *Out line of Psychoanalysis* (1940*a* [1938]).]

from the egoistic sense of injury, gives grounds for receiving the new brothers or sisters with repugnance and for unhesitatingly getting rid of them by a wish. It is even true that as a rule children are far readier to give verbal expression to *these* feelings of hate than to those arising from the parental complex. If a wish of this kind is fulfilled and the undesired addition to the family is removed again shortly afterwards by death, we can discover from a later analysis what an important experience this death has been to the child, even though it need not have remained fixed in his memory. A child who has been put into second place by the birth of a brother or sister, and who is now for the first time almost isolated from his mother, does not easily forgive her this loss of place; feelings which in an adult would be described as greatly embittered arise in him and are often the basis of a permanent estrangement. We have already mentioned [p. 318] that the child's sexual researches, with all their consequences, usually follow from this vital experience of his. As these brothers and sisters grow up, the boy's attitude to them undergoes very significant transformations. He may take his sister as a love-object by way of substitute for his faithless mother. Where there are several brothers, all of them courting a younger sister, situations of hostile rivalry, which are so important for later life, arise already in the nursery. A little girl may find in her elder brother a substitute for her father who no longer takes an affectionate interest in her as he did in her earliest years. Or she may take a younger sister as a substitute for the baby she has vainly wished for from her father.

This and very much else of a similar nature will be shown to you by the direct observation of children and by the consideration of clearly retained memories from childhood uninfluenced by analysis. From this you will conclude among other things that the position of a child in the family order is a factor of extreme importance in determining the shape of his later life and should deserve consideration in every life-history. But, what is more important, in view of this information which can be so easily obtained, you will not be able to recall without a smile the pronouncements of science in explanation of the prohibition of incest. [Cf. p. 210 above.] There is no end to what has been invented on the subject. It has been said that sexual inclination is diverted from members of the same family who are of the

opposite sex by the fact of having lived together from childhood, or, again, that a biological purpose of avoiding inbreeding is represented psychically by an innate horror of incest. In all this the fact is entirely overlooked that such an inexorable prohibition of it in law and custom would not be needed if there were any reliable natural barriers against the temptation to incest. The truth is just the opposite. A human being's first choice of an object is regularly an incestuous one, aimed, in the case of the male, at his mother and sister; and it calls for the severest prohibitions to deter this persistent infantile tendency from realization. Among the primitive races still living to-day, among savages, the prohibitions against incest are even very much stricter than among ourselves, and Theodor Reik has only recently shown in a brilliant work [Reik, 1915–16] that the puberty rites of savages, which represent a re-birth, have the sense of releasing the boy from his incestuous bond with his mother and of reconciling him with his father.

Mythology will teach you that incest, which is supposed to be so much detested by humans, is unhesitatingly allowed to the gods. And you may learn from ancient history that incestuous sister-marriage was a sanctified injunction upon the person of the Ruler (among the Egyptian Pharaohs and the Incas of Peru). What was in question was thus a privilege forbidden to the common herd.

Mother-incest was one of the crimes of Oedipus, parricide was the other. It may be remarked in passing that they are also the two great crimes prescribed by totemism, the first socio-religious institution of mankind.[1]

But let us now turn from the direct observation of children to the analytic examination of adults who have become neurotic. What help does analysis give towards a farther knowledge of the Oedipus complex? That can be answered in a word. Analysis confirms all that the legend describes. It shows that each of these neurotics has himself been an Oedipus or, what comes to the same thing, has, as a reaction to the complex, become a Hamlet.[2] The analytic account of the Oedipus complex is, of

[1] [Cf. Freud's *Totem and Taboo* (1912–13).]

[2] [Freud's earliest published commentary on *Hamlet* (as well as on *Oedipus Rex*) appeared in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 261–6.]

course, a magnification and coarsening of the infantile sketch. The hatred of the father, the death-wishes against him, are no longer hinted at timidly, the affection for the mother admits that its aim is to possess her as a woman. Should we really attribute such blatant and extreme emotional impulses to the tender years of childhood, or is analysis deceiving us by an admixture of some new factor? It is not hard to find one. Whenever someone gives an account of a past event, even if he is a historian, we must take into account what he unintentionally puts back into the past from the present or from some intermediate time, thus falsifying his picture of it. In the case of a neurotic it is even a question whether this putting back is an entirely unintentional one; later on we shall have to discover reasons for this and have to do justice in general to the fact of 'retrospective phantasying'.[1] We can easily see, too, that hatred of the father is reinforced by a number of factors arising from later times and circumstances and that the sexual desires towards the mother are cast into forms which must have been alien as yet to a child. But it would be a vain effort to seek to explain the whole Oedipus complex by retrospective phantasying and to attach it to later times. Its infantile core and more or less of its accessories remain as they were confirmed by the direct observation of children.

The clinical fact which meets us behind the form of the Oedipus complex as it is established by analysis is of the highest practical significance. We learn that at puberty, when the sexual instinct first makes its demands in full strength, the old familiar incestuous objects are taken up again and freshly cathected[2] with libido. The infantile object-choice was only a feeble one, but it was a prelude, pointing the direction for the object-choice at puberty. At this point, then, very intense emotional processes come into play, following the direction of the Oedipus complex or reacting against it, processes which, however, since their premisses have become intolerable, must

[1] [See the later part of Lecture XXIII.]

[2] ['*Besetzt*', charged with energy. The concept of '*Besetzungen* (cathexes)', charges of psychical energy, is fundamental to Freud's theories. A discussion of it will be found in an Editor's Appendix to an early paper of Freud's (1894*a*), *Standard Ed.*, 3, 63 f. The term reappears frequently below.]

to a large extent remain apart from consciousness. From this time onwards, the human individual has to devote himself to the great task of detaching himself from his parents, and not until that task is achieved can he cease to be a child and become a member of the social community. For the son this task consists in detaching his libidinal wishes from his mother and employing them for the choice of a real outside love-object, and in reconciling himself with his father if he has remained in opposition to him, or in freeing himself from his pressure if, as a reaction to his infantile rebelliousness, he has become subservient to him. These tasks are set to everyone; and it is remarkable how seldom they are dealt with in an ideal manner —that is, in one which is correct both psychologically and socially. By neurotics, however, no solution at all is arrived at: the son remains all his life bowed beneath his father's authority and he is unable to transfer his libido to an outside sexual object. With the relationship changed round, the same fate can await the daughter. In this sense the Oedipus complex may justly be regarded as the nucleus of the neuroses.[1]

As you may imagine, Gentlemen, I have passed very cursorily over a great number of considerations of both practical and theoretical importance connected with the Oedipus complex. Nor shall I enter into its variations or its possible reversal.[2] Among its remoter connections I will only give you a further hint that it has turned out to have a highly important effect on literary production. In a valuable work Otto Rank [1912*b*] has shown that dramatists of every period have chosen their material in the main from the Oedipus and incest complex and its variations and disguises. Nor should it be allowed to pass unnoticed that the two criminal wishes of the Oedipus complex were recognized as the true representatives of the uninhibited life of the instincts long before the time of psycho-analysis. Among the writings of the Encyclopaedist Diderot you will find a celebrated dialogue, *Le neveu de Rameau*, which was rendered

[1] [Freud had been using this phrase frequently for several years previously. It appears already in a footnote to his 'Rat Man' case history (1909*d*), *Standard Ed.*, **10**, 208 *n.*]

[2] [This last point is most fully dealt with in Chapter III of *The Ego and the Id* (1923*b*), *Standard Ed.*, **19**, 31 ff.]

into German by no less a person than Goethe. There you may read this remarkable sentence: 'Si le petit sauvage était abandonné à lui-même, qu'il conservât toute son imbécillité, et qu'il réunît au peu de raison de l'enfant au berceau la violence des passions de l'homme de trente ans, il tordrait le col à son père et coucherait avec sa mère.'[1]

But there is something else that I cannot pass by. The reminder of dreams given to us by the mother and wife of Oedipus must not be allowed to remain fruitless. Do you recall the outcome of our dream-analyses—how the wishes that construct dreams are so often of a perverse or incestuous nature or reveal an unsuspected hostility to those who are nearest and dearest to the dreamer? At that time [p. 142] we gave no explanation of the origin of these evil impulses. Now you can find it for yourselves. They are allocations of the libido and object-cathexes[2] which date from early infancy and have long since been abandoned as far as conscious life is concerned, but which prove still to be present at night-time and to be capable of functioning in a certain sense. Since, however, everyone, and not only neurotics, experiences these perverse, incestuous and murderous dreams, we may conclude that people who are normal to-day have passed along a path of development that has led through the perversions and object-cathexes of the Oedipus complex, that that is the path of normal development and that neurotics merely exhibit to us in a magnified and coarsened form what the analysis of dreams reveals to us in healthy people as well. And this is one of the reasons why I dealt with the study of dreams before that of neurotic symptoms.

[1] ['If the little savage were left to himself, preserving all his foolishness and adding to the small sense of a child in the cradle the violent passions of a man of thirty, he would strangle his father and lie with his mother.' Freud quoted this passage again (in Goethe's German version) in his note on 'The Expert Opinion in the Halsmann Case' (1931*d*) and again (in French) at the end of Part II of his posthumous *Outline of Psycho-Analysis* (1940*a* [1938]).]

[2] [I.e. charges of psychical energy concentrated upon objects. See footnote 2, p. 336 above.]

LECTURE XXII

SOME THOUGHTS ON DEVELOPMENT AND REGRESSION –AETIOLOGY

LADIES AND GENTLEMEN, You have heard that the libidinal function goes through a lengthy development before it can, in what is described as the normal manner, be enlisted in the service of reproduction. I should now like to bring to your attention the significance of this fact in the causation of the neuroses.

We are, I think, in agreement with the theories of general pathology in assuming that a development of this kind involves two dangers—first, of *inhibition*, and secondly, of *regression*. That is to say, in view of the general tendency of biological processes to variation, it is bound to be the case that not every preparatory phase will be passed through with equal success and completely superseded: portions of the function will be permanently held back at these early stages, and the total picture of development will be qualified by some amount of developmental inhibition.

Let us look for some analogies to these processes in other fields of knowledge. When, as often happened at early periods of human history, a whole people left their place of domicile and sought a new one, we may be certain that the whole of them did not arrive at the new location. Apart from other losses, it must regularly have happened that small groups or bands of the emigrants halted on the way and settled at these stopping-places while the main body went further. Or, as you know, to turn to a nearer comparison, in the highest mammals the male sex-glands, which are originally situated deep in the abdominal cavity, start upon a migration at a particular stage of intra-uterine life, which brings them almost directly under the skin of the pelvic extremity. As a consequence of this migration, we find in a number of male individuals that one of these paired organs has remained behind in the pelvic cavity, or that it has become permanently lodged in what is known as the inguinal canal, through which both organs must pass in the course of their migration, or at least that this canal has remained open,

though it should normally close up after the sex-glands have completed their change of situation. Or again, when as a young student I was engaged under von Brücke's direction on my first piece of scientific work, I was concerned with the origin of the posterior nerve-roots in the spinal cord of a small fish of very archaic structure,[1] I found that the nerve-fibres of these roots have their origin in large cells in the posterior horn of the grey matter, which is no longer the case in other vertebrates. But I also discovered soon afterwards that nerve-cells of this kind are present outside the grey matter the whole way to what is known as the spinal ganglion of the posterior root; and from this I inferred that the cells of these masses of ganglia had migrated from the spinal cord along the roots of the nerves. This is also shown by their evolutionary history. But in this small fish the whole path of their migration was demonstrated by the cells that had remained behind.[2]

If you go into the matter more closely, you will have no difficulty in detecting the weak points in these comparisons. I will therefore declare without more ado that I regard it as possible in the case of every particular sexual trend that some portions of it have stayed behind at earlier stages of its development, even though other portions may have reached their final goal. You will recognize here that we are picturing every such trend as a current which has been continuous since the beginning of life but which we have divided up, to some extent artificially, into separate successive advances. Your impression that these ideas stand in need of greater clarification is justified; but to attempt it would take us too far afield. Let me further make it clear that we propose to describe the lagging behind of a part trend at an earlier stage as a *fixation*—a fixation, that is, of the instinct.

The second danger in a development by stages of this sort lies in the fact that the portions which have proceeded further may also easily return retrogressively to one of these earlier stages—what we describe as a *regression*. The trend will find itself led into a regression of this kind if the exercise of its function

[1] [The larval form of the brook lamprey.]

[2] [This is a summary of the findings of two of Freud's very first papers (1877*a* and 1878*a*). His own earlier abstracts of them (1897*b*, Nos. II and III) will be found in *Standard Ed.*, **3**, 228–9.]

that is, the attainment of its aim of satisfaction is met, in its later or more highly developed form, by powerful external obstacles. It is plausible to suppose that fixation and regression are not independent of each other. The stronger the fixations on its path of development, the more readily will the function evade external difficulties by regressing to the fixations; the more incapable, therefore, does the developed function turn out to be of resisting external obstacles in its course. Consider that, if a people which is in movement has left strong detachments behind at the stopping-places on its migration, it is likely that the more advanced parties will be inclined to retreat to these stopping-places if they have been defeated or have come up against a superior enemy. But they will also be in the greater danger of being defeated the more of their number they have left behind on their migration.

It is important for your understanding of the neuroses that you should not leave this relation between fixation and regression out of sight. This will give you a firmer footing in facing the question of how the neuroses are caused—the question of the aetiology of the neuroses which we shall shortly have to meet.

For the moment we will dwell a little longer on regression. After what you have learnt of the development of the libidinal function, you will be prepared to hear that there are regressions of two sorts—a return to the objects first cathected by the libido, which, as we know, are of an incestuous nature, and a return of the sexual organization as a whole to earlier stages. Both sorts are found in the transference neuroses [p. 299] and play a great part in their mechanism. In particular, a return to the first incestuous objects of the libido is a feature that is found in neurotics with positively fatiguing regularity. There is much more to be said about regressions of the libido itself when we take into account as well another group of neuroses, the narcissistic ones, which for the time being we do not intend to deal.[1] These disorders give us access to other developmental processes of the libidinal function which we have not yet mentioned, and show us correspondingly new sorts of regression as well. But above all I think I ought to warn you now not to confuse *regression* with *repression* and help you to form a clear idea

[1] [They are discussed in Lecture XXVI.]

of the relations between the two processes.[1] Repression, as you will recall [p. 294 ff.], is the process by which an act which is admissible to consciousness, one, therefore, which belongs to the system *Pcs.*, is made unconscious—is pushed back, therefore, into the system *Ucs.*[2] And we equally speak of repression if the unconscious mental act is altogether forbidden access to the neighbouring preconscious system and is turned back at the threshold by the censorship. Thus the concept of repression involves no relation to sexuality. I must ask you to take special note of that. It indicates a purely psychological process, which we can characterize still better if we call it a 'topographical' one. By this we intend to say that it is concerned with the psychical regions which we have assumed to exist, or, if we drop this clumsy working hypothesis, with the construction of the mental apparatus out of distinct psychical systems.

The comparison we have proposed has drawn our attention for the first time to the fact that we have not hitherto been using the word 'regression' in its general sense but in a quite special one. If we give it its general sense —of a return from a higher to a lower stage of development—then repression too can be subsumed under the concept of regression, for it too can be described as a return to an earlier and deeper stage in the development of a psychical act. In the case of repression, however, this retrogressive movement does not concern us, since we also speak of repression, in the *dynamic* sense, when a psychical act is held back at the lower, unconscious, stage. The fact is that repression is a topographico-dynamic concept, while regression is a purely descriptive one. What we have hitherto spoken of as regression, however, and have related to fixation, has meant exclusively a return of the libido to earlier stopping-places in its development—something, that is, entirely different in its nature from repression and entirely independent of it. Nor can we call regression of the libido a purely psychical process and we cannot tell where we should localize it in the

[1] [The extremely close resemblance of the two words to each other is an added misfortune peculiar to English. In German no such similarity exists between '*Regression*' and '*Verdrängung*'.]

[2] ['*Pcs.*' and '*Ucs.*' are the abbreviations (first introduced by Freud in the seventh chapter of *The Interpretation of Dreams* (1900*a*), **5**, 540 ff.) for the preconscious and unconscious mental systems.]

mental apparatus. And though it is true that it exercises the most powerful influence on mental life, yet the most prominent factor in it is the organic one.

Discussions like this, Gentlemen, are bound to become somewhat arid. So let us turn to clinical material in order to find applications of it that will be a little more impressive. Hysteria and obsessional neurosis are, as you know, the two chief representatives of the group of transference neuroses. Now it is true that in hysteria there is a regression of the libido to the primary incestuous sexual objects and that this occurs quite regularly; but there is as good as no regression to an earlier stage of the sexual organization. To offset this, the chief part in the mechanism of hysteria is played by repression. If I might venture to complete what we already know for certain about this neurosis by making a construction, I might explain the position thus. The unification of the component instincts under the primacy of the genitals has been accomplished, but its results come up against the resistance of the preconscious system which is linked with consciousness. Thus the genital organization holds good for the unconscious, but not in the same way for the preconscious; and this rejection on the part of the preconscious brings about a picture which has certain resemblances to the state of things before genital primacy. But it is nevertheless something quite different.

Of the two kinds of regression of the libido, that to an earlier phase of the sexual organization is by far the more striking. Since this is absent in hysteria, and since our whole view of the neuroses is still far too much under the influence of the study of hysteria, which was chronologically the first, the significance of libidinal regression also became clear to us far later than that of repression. We must be prepared to find that our views will be subjected to still further extensions and revisions when we are able to take into consideration not only hysteria and obsessional neurosis but also the other, narcissistic neuroses.

In obsessional neurosis, on the contrary, it is the regression of the libido to the preliminary stage of the sadistic-anal organization that is the most striking fact and the one which is decisive for what is manifested in symptoms. The love impulse is obliged, when this has happened, to disguise itself as a sadistic

impulse. The obsessional idea 'I should like to kill you', when it has been freed from certain additions which are not a matter of chance but are indispensable, means at bottom nothing other than 'I should like to enjoy you in love'. If you consider further that there has been a simultaneous regression in regard to the object, so that these impulses apply only to those who are nearest and dearest to the patient, you can form some idea of the horror which these obsessions arouse in him and at the same time of the alien appearance which they present to his conscious perception. But repression, too, plays a great part in the mechanism of these neuroses, though in a cursory introduction like ours this is not easily demonstrated. A regression of the libido without repression would never produce a neurosis but would lead to a perversion. From this you can see that repression is the process which is most peculiar to neuroses and is most characteristic of them. Perhaps I may have an opportunity later of telling you what we know of the mechanism of the perversions, and you will see that in their case too things are not so simple as we should be glad to make them out.[1]

I think, Gentlemen, that you will best come to terms with what you have just been told about fixation and regression of the libido if you will regard it as a preparation for research into the aetiology of the neuroses. Hitherto I have only given you one piece of information about this: namely that people fall ill of a neurosis if they are deprived of the possibility of satisfying their libido — that they fall ill owing to 'frustration', as I put it — and that their symptoms are precisely a substitute for their frustrated satisfaction. [Cf. p. 300.] This is not supposed to mean, of course, that every frustration of a libidinal satisfaction makes the person it affects neurotic, but merely that the factor of frustration could be discerned in every case of neurosis that has been examined. Thus [as logicians would say] the proposition is not convertible. No doubt, too, you will have understood that this assertion does not claim to reveal the whole secret of the aetiology of neuroses but is only bringing into prominence one important and indispensable determinant.

In further pursuing the discussion of this thesis, are we to

[1] [This seems to be one of the points to which, as he remarks at the end of these lectures (p. 463), he had no opportunity of returning.]

consider the nature of the frustration or the peculiar character of those who are affected by it? It is extremely seldom, after all, that frustration is universal and absolute. In order to operate pathogenically it must no doubt affect the mode of satisfaction which alone the subject desires, of which alone he is capable. There are in general very many ways of tolerating deprivation of libidinal satisfaction without falling ill as a result. In the first place, we know people who are able to put up with a deprivation of this kind without being injured: they are not happy, they suffer from longing, but they do not fall ill. Next, we must bear in mind that the sexual instinctual impulses in particular are extraordinarily *plastic*, if I may so express it. One of them can take the place of another, one of them can take over another's intensity; if the satisfaction of one of them is frustrated by reality, the satisfaction of another can afford complete compensation. They are related to one another like a network of intercommunicating channels filled with a liquid,[1] and this is so in spite of their being subject to the primacy of the genitals —a state of affairs that is not at all easily combined in a single picture. Further, the component instincts of sexuality, as well as the sexual current which is compounded from them, exhibit a large capacity for changing their object, for taking another in its place—and one, therefore, that is more easily attainable. This displaceability and readiness to accept a substitute must operate powerfully against the pathogenic effect of a frustration. Among these protective processes against falling ill owing to deprivation there is one which has gained special cultural significance. It consists in the sexual trend abandoning its aim of obtaining a component or a reproductive pleasure and taking on another which is related genetically to the abandoned one but is itself no longer sexual and must be described as social. We call this process 'sublimation', in accordance with the general estimate that places social aims higher than the sexual ones, which are at bottom self-interested. Sublimation is, incidentally, only a special case of the way in which sexual trends are attached to other, non-sexual ones [cf. p. 313]. We shall have to discuss it again in another connection.[2]

You may now have an impression that deprivation has been

[1] [Cf. footnote 1 above, p. 310.]

[2] [See the end of the next lecture, p. 376.]

reduced to insignificance owing to all these methods of tolerating it. But no, it retains its pathogenic power. The countermeasures are on the whole insufficient. There is a limit to the amount of unsatisfied libido that human beings on the average can put up with. The plasticity or free mobility of the libido is by no means fully preserved in everyone, and sublimation is never able to deal with more than a certain fraction of libido, quite apart from the fact that many people are gifted with only a small amount of capacity to sublimate. The most important of these limitations is evidently that upon the mobility of the libido, since it makes a person's satisfaction depend on the attainment of only a very small number of aims and objects. You have only to recall that an imperfect development of the libido leaves behind it very fertile and perhaps, too, very numerous libidinal fixations to early phases of the organization and of the finding of objects, which are for the most part incapable of real satisfaction, and you will recognize in libidinal fixation the second powerful factor which combines with frustration as the cause of illness. You can declare, as a schematic abbreviation, that libidinal fixation represents the predisposing, internal factor in the aetiology of the neuroses, while frustration represents the accidental, external one.

I take the opportunity here of warning you against taking sides in a quite unnecessary dispute. In scientific matters people are very fond of selecting one portion of the truth, putting it in the place of the whole and of then disputing the rest, which is no less true, in favour of this one portion. In just this way a number of schools of opinion have already split off from the psycho-analytic movement, some of which recognize the egoistic instincts while disavowing the sexual ones, and others attribute importance to the influence of the real tasks of life while overlooking the individual's past[1]—and others besides. Now here we have a similar occasion for pointing a contrast and starting a controversy. Are neuroses *exogenous* or *endogenous* illnesses? Are they the inevitable result of a particular constitution or the product of certain detrimental (traumatic) experiences in life? More particularly, are they brought about by fixation of the

[1] [The schools of Adler and Jung had been discussed at some length by Freud in Section III of his 'History of the Psycho-Analytic Movement' (1914*d*).]

libido (and the other features of the sexual constitution) or by the pressure of frustration? This dilemma seems to me no more sensible on the whole than another that I might put to you: does a baby come about through being begotten by its father or conceived by its mother? Both determinants are equally indispensable, as you will justly reply. In the matter of the causation of the neuroses the relation, if not precisely the same, is very similar. As regards their causation, instances of neurotic illness fall into a series within which the two factors—sexual constitution and experience, or, if you prefer it, fixation of the libido and frustration—are represented in such a manner that if there is more of the one there is less of the other. At one end of the series are the extreme cases of which you could say with conviction: these people, in consequence of the singular development of their Libido, would have fallen ill in any case, whatever they had experienced and however carefully their lives had been sheltered. At the other end there are the cases, as to which, on the contrary, you would have had to judge that they would certainly have escaped falling ill if their lives had not brought them into this or that situation. In the cases lying within the series a greater or lesser amount of predisposition in the sexual constitution is combined with a lesser or greater amount of detrimental experience in their lives. Their sexual constitution would not have led them into a neurosis if they had not had these experiences, and these experiences would not have had a traumatic effect on them if their libido had been otherwise disposed. In this series I can perhaps allow a certain preponderance in significance to the predisposing factors; but even that admission depends on how far you choose to extend the frontiers of neurotic illness.

I propose, Gentlemen, that we should name a series of this kind a 'complemental series', and I forewarn you that we shall have occasion to construct others of the same kind.[1]

[1] [This seems to be Freud's first use of the actual term 'complemental series'. The concept goes back a long way. It appears in a somewhat different form as an 'aetiological equation' in the second paper on anxiety neurosis [1895*f*], where some discussion of the history of the notion will be found in an Editor's Note, *Standard Ed.*, **3**, 121–2. It reappears at two points below (pp. 362 and 364) and turns up again in the *New Introductory Lectures* [1933*a*] (*ibid.*, **22**, 126), and in Essay III, Part I (c) of *Moses and Monotheism* [1939*a*].]

into a neurotic, but into a pervert—what we call a foot-fetishist.[1] You see, then, that although an excessive, and moreover premature, fixation of the libido is indispensable for the causation of neuroses, the area of its effects extends far beyond the field of the neuroses. This determinant, too, is as little decisive in itself as is the frustration which we have already talked about.

Thus the problem of the causation of the neuroses seems to grow more complicated. In fact, psycho-analytic investigation makes us acquainted with a fresh factor, which is not taken into account in our aetiological series and which we can recognize easiest in cases in which what has hitherto been a healthy condition is suddenly disturbed by an onset of neurotic illness. In such people we regularly find indications of a contention between wishful impulses or, as we are in the habit of saying, a psychical conflict. One part of the personality champions certain wishes while another part opposes them and fends them off. Without such a conflict there is no neurosis. There would not seem to be anything peculiar in this. Our mental life is, as you know, perpetually agitated by conflicts which we have to settle. No doubt, therefore, special conditions must be fulfilled if such a conflict is to become pathogenic. We must ask what these conditions are, between what mental powers these pathogenic conflicts are played out, and what the relation is between the conflict and the other causative factors.

I hope to be able to give you adequate replies to these questions, even though the replies may be reduced to schematic dimensions. The conflict is conjured up by frustration, as a result of which the libido, deprived of satisfaction, is driven to look for other objects and paths. The necessary precondition of the conflict is that these other paths and objects arouse displeasure in one part of the personality, so that a veto is imposed which makes the new method of satisfaction impossible as it stands. From this point the construction of symptoms pursues

[1] [Two or three years earlier Freud had read a paper to the Vienna Psycho-Analytical Society on a similar case—possibly, even, the same one. The paper has not yet been published, but is summarized by Ernest Jones in the second volume of his Freud biography (1955, 34–3). An account of Freud's many discussions of fetishism is given in the Editor's Note to the paper bearing that title (1927*e*), *Standard Ed.*, **21**, 149 ff.]

The tenacity with which the libido adheres to particular trends and objects—what may be described as the 'adhesiveness' of the libido—makes its appearance as an independent factor, varying from individual to individual, whose determinants are quite unknown to us, but whose significance for the aetiology of the neuroses we shall certainly no longer underestimate.[1] We should not, on the other hand, over-estimate the intimacy of this connection. For a similar 'adhesiveness' of the libido occurs (for unknown reasons) under numerous conditions in normal people, and it is found as a determining factor in people who are in one sense the contrary of neurotics—in perverts. It was known even before the days of psycho-analysis (cf. Binet [1888]) that in the anamnesis of perverts a very early impression of an abnormal instinctual trend or choice of object was quite often found, to which the subject's libido remained attached all through his life. It is often impossible to say what it is that enabled this impression to exercise such an intense attraction on the libido. I will describe a case of this sort which I myself observed.

The subject was a man who is to-day quite indifferent to the genitals and other attractions of women, but who can be plunged into irresistible sexual excitement only by a foot of a particular form wearing a shoe. He can recall an event from his sixth year which was decisive for the fixation of his libido. He was sitting on a stool beside the governess who was to give him lessons in English. The governess, who was an elderly, dried-up, plain-looking spinster, with pale-blue eyes and a snub nose, had something wrong with her foot that day, and on that account kept it, wearing a velvet slipper, stretched out on a cushion. Her leg itself was most decently concealed. A thin, scraggy foot, like the one he had then seen belonging to his governess, thereupon became (after a timid attempt at normal sexual activity at puberty) his only sexual object; and the man was irresistibly attracted if a foot of this kind was associated with other features besides which recalled the type of the English governess. This fixation of his libido, however, made him, not

[1] [This factor, under various names, was discussed by Freud at least as early as in the first edition of the *Three Essays* (1905*d*), *Standard Ed.*, **7**, 242. A number of references are given in an Editor's footnote to the paper on a case of paranoia (1915*f*), ibid., **14**, 272.]

its course, which we shall follow later.[1] The repudiated libidinal trends nevertheless succeed in getting their way by certain roundabout paths, though not, it is true, without taking the objection into account by submitting to some distortions and mitigations. The roundabout paths are those taken by the construction of symptoms; the symptoms are the fresh or substitute satisfaction which has become necessary owing to the fact of frustration.

The meaning of psychical conflict can be adequately expressed in another way by saying that for an *external* frustration to become pathogenic an *internal* frustration must be added to it. In that case, of course, the external and internal frustration relate to different paths and objects. The external frustration removes one possibility of satisfaction and the internal frustration seeks to exclude *another* possibility, about which the conflict then breaks out. I prefer this way of representing the matter because it has a secret content. For it hints at the probability that the internal impediments arose from real external obstacles during the prehistoric periods of human development.[2]

But what are the powers from which the objection to the libidinal trend arises? What is the other party to the pathogenic conflict? These powers, to put it quite generally, are the non-sexual instinctual forces. We class them together as the 'ego-instincts'.[3] The psycho-analysis of the transference-neuroses gives us no easy access to a further dissecting of them; at most we come to know them to some extent by the resistances which oppose analysis. The pathogenic conflict is thus one between the ego-instincts and the sexual instincts. In a whole number of cases, it looks as though there might also be a conflict between different purely sexual trends. But in essence that is the same thing, for, of the two sexual trends that are in conflict, one is always, as we might say, 'ego-syntonic',[4] while the other provokes the ego's defence. It therefore still remains a conflict between the ego and sexuality.

[1] [In the following lecture.]

[2] [Cf. p. 371 below. The whole question of frustration as a cause of neurosis was discussed by Freud in a paper on 'Types of Onset of Neurosis' (1912*c*).]

[3] [An account of Freud's use of this term is given in the Editor's Note to 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, 14, 114 ff.]

[4] ['*Ichgerecht*', i.e. in consonance with the ego.]

Over and over again, Gentlemen, when psycho-analysis has claimed that some mental event is the product of the sexual instincts, it has been angrily pointed out to it by way of defence that human beings do not consist only of sexuality, that there are instincts and interests in mental life other than sexual ones, that it ought not to derive 'everything' from sexuality, and so on. Well, it is most gratifying for once in a way to find ourselves in agreement with our opponents. Psycho-analysis has never forgotten that there are instinctual forces as well which are not sexual. It was based on a sharp distinction between the sexual instincts and the ego-instincts, and, in spite of all objections, it has maintained not that the neuroses are derived from sexuality but that their origin is due to a conflict between the ego and sexuality. Nor has it any conceivable reason for disputing the existence or significance of the ego-instincts while it pursues the part played by the sexual instincts in illness and in ordinary life. It has simply been its fate to begin by concerning itself with the sexual instincts because the transference neuroses made them the most easily accessible to examination and because it was incumbent on it to study what other people had neglected.

Nor is it a fact that psycho analysis has paid no attention whatever to the non-sexual part of the personality. It is precisely the distinction between the ego and sexuality which has enabled us to recognize with special clarity that the ego-instincts pass through an important process of development—a development which is neither completely independent of the libido nor without a counter-effect upon it. Nevertheless, we are far less well acquainted with the development of the ego than of the libido, since it is only the study of the narcissistic neuroses[1] that promises to give us an insight into the structure of the ego. We already have before us, however, a notable attempt by Ferenczi [1913] to make a theoretical construction of the stages of development of the ego, and there are at least two points at which we have a solid basis for judging that development. It is not our belief that a person's libidinal interests are from the first in opposition to his self-preservative interests; on the contrary, the ego endeavours at every stage to remain in harmony with its sexual organization as it is at the time and to fit itself into it. The succession of the different phases of libidinal

[1] [Discussed in Lecture XXVI.]

development probably follows a prescribed programme. But the possibility cannot be rejected that this course of events can be influenced by the ego, and we may expect equally to find a certain parallelism, a certain correspondence, between the developmental phases of the ego and the libido; indeed a disturbance of that correspondence might provide a pathogenic factor. We are now faced by the important consideration of how the ego behaves if its libido leaves a strong fixation behind at some point in its (the libido's) development. The ego may accept this and consequently become to that extent perverse or, what is the same thing, infantile. It may, however, adopt a non-compliant attitude to the libido's settling down in this position, in which case the ego experiences a *repression* where the libido has experienced a *fixation*.

Thus we discover that the third factor in the aetiology of the neuroses, the *tendency to conflict*, is as much dependent on the development of the ego as on that of the libido. Our insight into the causation of the neuroses is thus made more complete. First there is the most general precondition—frustration; next, fixation of the libido which forces it into particular directions; and thirdly, the tendency to conflict, arising from the development of the ego, which rejects these libidinal impulses. The situation, then, is not so very confused and hard to penetrate as it probably seemed to you during the course of my remarks. It is true, however, that we shall find we have not yet finished with it. There is something new to be added and something already familiar to be further examined.

In order to demonstrate to you the influence which the development of the ego has upon the construction of conflicts and upon the causation of neuroses, I should like to put an example before you—one which, it is true, is a complete invention but which is nowhere divorced from probability. I shall describe it (on the basis of the title of one of Nestroy's farces[1] as 'In the Basement and on the First Floor'. The caretaker of the house inhabits the basement and its landlord, a

[1] [Johann Nestroy (1801–62), famous in Vienna for his comedies and farces. The literal translation of Nestroy's title would be 'On the Ground Floor and on the First Floor', the difference in the social habits of nineteenth century Vienna and London calls for the alteration.]

wealthy and respectable gentleman, the first floor. Both have children, and we may suppose that the landlord's little daughter is allowed to play, without any supervision, with the proletarian girl. It might very easily happen, then, that the children's games would take on a 'naughty' character, that is to say, a sexual character, that they would play at 'father and mother', that they would watch each other at their most private business and excite each other's genitals. The caretaker's girl, though only five or six years old, would have had an opportunity of observing a good deal of adult sexuality, and she might well play the part of seductress in all this. These experiences, even if they were not continued over a long period, would be enough to set certain sexual impulses to work in the two children; and, after their games together had ceased, these impulses would for several years afterwards find expression in masturbation. So much for their experiences in common; the final outcome in the two children will be very different. The caretaker's daughter will continue her masturbation, perhaps, till her menstrual periods begin and she will then give it up with no difficulty. A few years later she will find a lover and perhaps have a baby. She will take up some occupation or other, possibly become a popular figure on the stage and end up as an aristocrat. Her career is more likely to be less brilliant, but in any case she will go through her life undamaged by the early exercise of her sexuality and free from neurosis. With the landlord's little girl things will be quite different. At an early stage and while she is still a child she will get an idea that she has done something wrong; after a short time, but perhaps only after a severe struggle, she will give up her masturbatory satisfaction, but she will nevertheless still have some sense of oppression about her. When in her later girlhood she is in a position to learn something of human sexual intercourse, she will turn away from it with unexplained distaste and prefer to remain in ignorance. And now she will probably be subject to a fresh emergence of an irresistible pressure to masturbate of which she will not dare to complain. During the years in which she should exercise a feminine attraction upon some man, a neurosis breaks out in her which chokes her of marriage and her hopes in life. If after this an analysis succeeds in gaining an insight into her neurosis, it will turn out that the well-brought-up, intelligent and

high-minded girl has completely repressed her sexual impulses, but that these, unconscious to her, are still attached to her petty experiences with her childhood friend.

The difference between the lives of these two, in spite of their having had the same experience, rests on the fact that the ego of one of them underwent a development with which the other never met. Sexual activity seemed to the caretaker's daughter just as natural and harmless in later life as it had in childhood. The landlord's daughter came under the influence of education and accepted its demands. From the suggestions offered to it, her ego constructed ideals of feminine purity and abstinence which are incompatible with sexual activity; her intellectual education reduced her interest in the feminine part which she was destined to play. Owing to this higher moral and intellectual development of her ego she came into conflict with the demands of her sexuality.

I will dwell for a little to-day on yet another point in ego-development, partly because I have some remoter aims in view, but also because what follows is precisely calculated to justify the sharp separation between the ego-instincts and the sexual instincts which we favour but which is not self-evident. In forming our judgement of the two courses of development—both of the ego and of the libido—we must lay emphasis on a consideration which has not often hitherto been taken into account. For both of them are at bottom heritages, abbreviated recapitulations of the development which all mankind has passed through from its primaeval days over long periods of time. In the case of the development of the libido, this *phylogenetic* origin is, I venture to think, immediately obvious. Consider how in one class of animals the genital apparatus is brought into the closest relation to the mouth, while in another it cannot be distinguished from the excretory apparatus, and in yet others it is linked to the motor organs—all of which you will find attractively set out in W. Bolsche's valuable book [1911–13]. Among animals one can find, so to speak in petrified form, every species of perversion of the sexual organization. In the case of human beings, however, this phylogenetic point of view is partly veiled by the fact that what is at bottom inherited is nevertheless freshly acquired in the development of

the individual,[1] probably because the same conditions which originally necessitated its acquisition persist and continue to operate upon each individual. I should like to add that originally the operation of these conditions was creative but that it is now evocative. Besides this, there is no doubt that the prescribed course of development can be disturbed and altered in each individual by recent external influences. But we know the power which forced a development of this kind upon humanity and maintains its pressure in the same direction to-day. It is, once again, frustration by reality, or, if we are to give it its true, grand name, the pressure of vital needs. Necessity ('Ανάγκη [Ananke]). She has been a strict educator and has made much out of us. The neurotics are among those of her children to whom her strictness has brought evil results; but that is a risk with all education. This appreciation of the necessities of life need not, incidentally, weigh against the importance of 'internal developmental trends', if such can be shown to be present.

Now it is a very noteworthy fact that the sexual instincts and the self preservative instincts do not behave in the same way towards real necessity.[2] The self-preservative instincts, and everything to do with them, are much easier to educate: they learn early to comply with necessity and to arrange their developments in accordance with the instructions of reality. This is intelligible, since they could not obtain the objects they need in any other way; and without those objects the individual would inevitably perish. The sexual instincts are harder to educate, for at first they have no need of an object. Since they are attached like parasites, as it were, to the other bodily functions, and find their satisfaction auto-erotically on the subject's own body, they are to begin with withdrawn from the educative influence of real necessity, and they retain this characteristic of being self-willed and inaccessible to influence (what we

[1] [This is an echo of a couplet from Goethe's *Faust* which was a favourite quotation of Freud's. See, for instance, *Totem and Taboo* (1912–13), *Standard Ed.*, **13**, 1–8, and the closing sentences of his unfinished *Outline of Psycho-Analysis* (1938).]

[2] ['*Reale Not*', or the exigencies imposed by reality. Freud uses these words at the end of paragraph 3 of 'Formulations on the Two Principles of Mental Functioning' (1911*b*), *Standard Ed.*, **12**, 219.]

describe as being 'unreasonable') in most people in some respect all through their lives. Moreover, as a rule the educability of a youthful individual is at an end when his sexual needs arise in their full strength. Educators are aware of this and act accordingly; but the findings of psycho-analysis may perhaps also induce them to shift the main impact of education on to the earliest years of childhood, from infancy onwards. The little creature is often completed by the fourth or fifth year of life, and after that merely brings gradually to light what is already within him.

In order to appreciate the full significance of the difference which I have pointed out between the two groups of instincts, we shall have to go back a long way and introduce one of those considerations which deserve to be described as *economic* [p. 275 above]. This leads us to one of the most important, but unluckily also one of the most obscure, regions of psychoanalysis. We may ask whether in the operation of our mental apparatus a main purpose can be detected, and we may reply as a first approximation that that purpose is directed to obtaining pleasure. It seems as though our total mental activity is directed towards achieving pleasure and avoiding unpleasure —that it is automatically regulated by the *pleasure principle*.[1] We should of all things like to know, then, what determines the generation of pleasure and unpleasure; but that is just what we are ignorant of. We can only venture to say this much that pleasure is *in some way* connected with the diminution, reduction or extinction of the amounts of stimulus prevailing in the mental apparatus, and that similarly unpleasure is connected with their increase. An examination of the most intense pleasure which is accessible to human beings, the pleasure of accomplishing the sexual act, leaves little doubt on this point. Since in such processes related to pleasure it is a question of what happens to *quantities* of mental excitation or energy, we call considerations of this kind economic. It will be noticed that we can describe the tasks and achievements of the mental apparatus in another and more general way than by stressing the acquisition of pleasure. We can say that the mental apparatus serves the purpose of mastering and disposing of the amounts of stimulus and sums of excitation that impinge on it from outside and

[1] [See the next footnote.]

inside.[1] It is immediately obvious that the sexual instincts, from beginning to end of their development, work towards obtaining pleasure; they retain their original function unaltered. The other instincts, the ego-instincts, have the same aim to start with. But under the influence of the instructress Necessity, they soon learn to replace the pleasure principle by a modification of it. For them the task of avoiding unpleasure turns out to be almost as important as that of obtaining pleasure. The ego discovers that it is inevitable for it to renounce immediate satisfaction, to postpone the obtaining of pleasure, to put up with a little unpleasure and to abandon certain sources of pleasure altogether. An ego thus educated has become 'reasonable'; it no longer lets itself be governed by the pleasure principle, but obeys the *reality principle*,[2] which also at bottom seeks to obtain pleasure, but pleasure which is assured through taking account of reality, even though it is pleasure postponed and diminished.

The transition from the pleasure principle to the reality principle is one of the most important steps forward in the ego's development. We know already that it is only late and unwillingly that the sexual instincts join in this piece of development, and we shall hear later the consequences for human beings of the fact that their sexuality is content with such a loose connection with external reality. And now in conclusion one last remark on this subject. If man's ego has its process of development like the libido, you will not be surprised to hear that there are also 'regressions of the ego', and you will be anxious to know too what part may be played in neurotic illnesses by this return of the ego to earlier phases of its development.[3]

[1] [This is sometimes referred to as the principle of constancy. It, and the related 'pleasure principle', are discussed in an Editor's Appendix to Freud's first paper on the neuropsychoses of defence (1894*a*), *Standard Ed.*, **3**, 61. See also the footnote on p. 375 below.]

[2] [The term appears first in 'Formulations on the Two Principles of Mental Functioning' (1911), *Standard Ed.*, **12**, 219, the Editor's Note to which traces the origin of the concept.]

[3] [Some account of the development of Freud's views on regression and of the various uses of the term will be found in a Editor's note at the end of Part I of the present (1916–17) *Standard Ed.*]

LECTURE XXIII

THE PATHS TO THE FORMATION OF SYMPTOMS

LADIES AND GENTLEMEN,—For laymen the symptoms constitute the essence of a disease and its cure consists in the removal of the symptoms. Physicians attach importance to distinguishing the symptoms from the disease and declare that getting rid of the symptoms does not amount to curing the disease. But the only tangible thing left of the disease after the symptoms have been got rid of is the capacity to form new symptoms. For that reason we will for the moment adopt the layman's position and assume that to unravel the symptoms means the same thing as to understand the disease.

Symptoms—and of course we are dealing now with psychical (or psychogenic) symptoms and psychical illness—are acts detrimental, or at least useless, to the subject's life as a whole, often complained of by him as unwelcome and bringing unpleasure or suffering to him. The main damage they do resides in the mental expenditure which they themselves involve and in the further expenditure that becomes necessary for fighting against them. Where there is an extensive formation of symptoms, these two sorts of expenditure can result in an extraordinary impoverishment of the subject in regard to the mental energy available to him and so in paralysing him for all the important tasks of Life. Since this outcome depends mainly on the *quantity* of the energy which is thus absorbed, you will easily see that 'being ill' is in its essence a practical concept. But if you take up a theoretical point of view and disregard this matter of quantity, you may quite well say that we are *all* ill—that is, neurotic—since the preconditions for the formation of symptoms can also be observed in normal people.

We already know that neurotic symptoms are the outcome of a conflict which arises over a new method of satisfying the libido [p. 319]. The two forces which have fallen out meet once again in the symptom and are reconciled, as it were, by

the compromise of the symptom that has been constructed. It is for that reason, too, that the symptom is so resistant: it is supported from both sides. We also know that one of the two partners to the conflict is the unsatisfied libido which has been repulsed by reality and must now seek for other paths to its satisfaction. If reality remains relentless even though the libido is ready to take another object in place of the one that has been refused to it, then it will finally be compelled to take the path of regression and strive to find satisfaction either in one of the organizations which it has already outgrown or from one of the objects which it has earlier abandoned. The libido is lured into the path of regression by the fixation which it has left behind it at these points in its development.

The path to perversion branches off sharply from that to neurosis. If these regressions rouse no objection from the ego, no neurosis will come about either; and the libido will arrive at some real, even though no longer normal, satisfaction. But if the ego, which has under its control not only consciousness but also the approaches to motor innervation and accordingly to the realization of mental desires, does not agree with these regressions, conflict will follow. The libido is, as it were, cut off and must try to escape in some direction where, in accordance with the requirements of the pleasure principle, it can find a discharge for its cathexis of energy. It must withdraw from the ego. An escape of this kind is offered it by the fixations on the path of its development which it has now entered on regressively—fixations from which the ego had protected itself in the past by repressions. By cathecting these repressed positions as it flows backward, the libido has withdrawn from the ego and its laws, and has at the same time renounced all the education it has acquired under the ego's influence. It was docile so long as satisfaction beckoned to it; but under the double pressure of external and internal frustration it becomes refractory, and recalls earlier and better times. Such is the libido's fundamentally unchangeable character. The ideas to which it now transfers its energy as a cathexis belong to the system of the unconscious and are subject to the processes which are possible there, particularly to condensation and displacement. In this way conditions are established which completely resemble those in dream-construction. The dream proper,

which has been completed in the unconscious and is the fulfilment of an unconscious wishful phantasy, is brought up against a portion of preconscious activity which exercises the office of censorship and which, when it has been indemnified, permits the formation of the manifest dream as a compromise. In the same way, what represents[1] the libido in the unconscious has to reckon with the power of the preconscious ego. The opposition which had been raised against it in the ego pursues it as an 'anticathexis'[2] and compels it to choose a form of expression which can at the same time become an expression of the opposition itself. Thus the symptom emerges as a many-times-distorted derivative of the unconscious libidinal wish-fulfilment, an ingeniously chosen piece of ambiguity with two meanings in complete mutual contradiction. In this last respect, however, there is a distinction between the construction of a dream and of a symptom. For in dream-formation the preconscious purpose is merely concerned to preserve sleep, to allow nothing that would disturb it to make its way into consciousness; it does not insist upon calling out sharply 'No! on the contrary!' to the unconscious wishful impulse. It can afford to be more tolerant because the situation of someone sleeping is less perilous. The state of sleep in itself bars any outlet into reality.

You see, then, that the libido's escape under conditions of conflict is made possible by the presence of fixations. The regressive cathexis of these fixations leads to the circumvention of the repression and to a discharge (or satisfaction) of the libido, subject to the conditions of a compromise being observed. By the roundabout path *via* the unconscious and the old fixations, the libido finally succeeds in forcing its way through to real satisfaction — though to one which is extremely restricted and scarcely recognizable as such. Let me add two comments to this conclusion. First, I should like you to notice how closely here the libido and the unconscious on one side and the ego, consciousness and reality on the other are shown to be inter-

[1] [*Vertretung*', i.e. the representative in psychical terms of the libido regarded as something somatic. A fuller discussion of this notion will be found in the Editor's Note to 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, 14, 111–13, and in especial in the footnote on 112.]

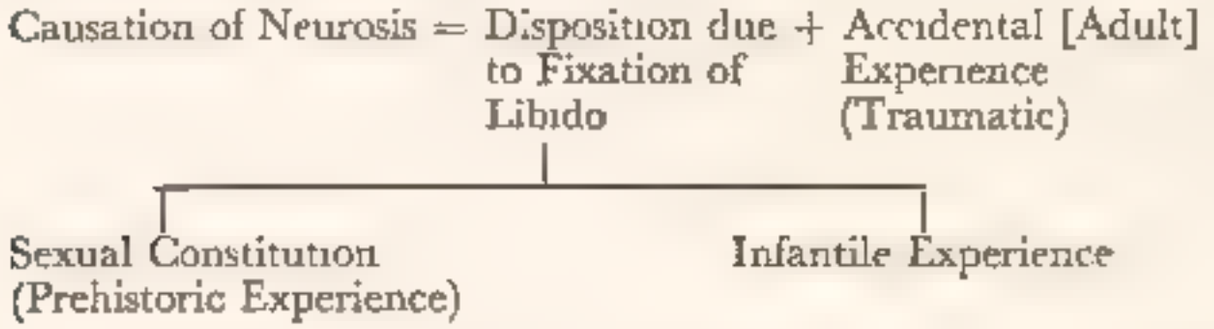
[2] That is a force acting in a sense contrary to the primary instinctual energy. See Section IV of 'The Unconscious' (1915*e*), ibid., 181.]

linked, although to begin with they did not belong together at all. And secondly, I must ask you to bear in mind that everything I have said about this and what is still to follow relates only to the formation of symptoms in the neurosis of hysteria.

Where, then, does the libido find the fixations which it requires in order to break through the repressions? In the activities and experiences of infantile sexuality, in the abandoned component trends, in the objects of childhood which have been given up. It is to them, accordingly, that the libido returns. The significance of this period of childhood is twofold: on the one hand, during it the instinctual trends which the child has inherited with his innate disposition first become manifest, and secondly, others of his instincts are for the first time awakened and made active by external impressions and accidental experiences. There is no doubt, I think, that we are justified in making this twofold division. The manifestation of the innate disposition is indeed not open to any critical doubts, but analytic experience actually compels us to assume that purely chance experiences in childhood are able to leave fixations of the libido behind them. Nor do I see any theoretical difficulty in this. Constitutional dispositions are also undoubtedly after-effects of experiences by ancestors in the past, they too were once acquired. Without such acquisition there would be no heredity. And is it conceivable that acquisition such as this, leading to inheritance, would come to an end precisely with the generation we are considering? The significance of infantile experiences should not be totally neglected, as people like doing, in comparison with the experiences of the subject's ancestors and of his own maturity, on the contrary, they call for particular consideration. They are all the more momentous because they occur in times of incomplete development and are for that very reason liable to have traumatic effects. The studies on developmental mechanics by Roux[1] and others have shown that the prick of a needle into an embryonic germinal layer in the act of cell-division results in a severe disturbance of development. The same injury inflicted on a larval or fully grown animal would do no damage.

[1] [Wilhelm Roux, 1850–1924, was one of the founders of experimental embryology.]

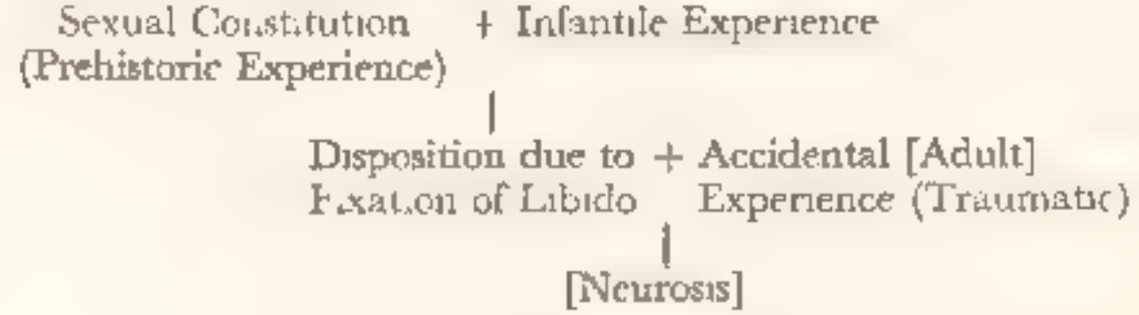
Thus fixation of the libido in the adult, which we introduced into the aetiological equation of neurosis as representing the constitutional factor [p. 346], now falls, for our purposes, into two further parts: the inherited constitution and the disposition acquired in early childhood. As we all know, a diagram is certain of a sympathetic reception from students. So I will summarize the position diagrammatically:[1]



The hereditary sexual constitution presents us with a great variety of dispositions, according as one component instinct or another, alone or in combination with others, is inherited in particular strength. The sexual constitution forms once again, together with the factor of infantile experience, a 'complemental series' exactly similar to the one we first came to know between disposition and the accidental experience of the adult [p. 347]. In both of them we find the same extreme cases and the same relations between the two factors concerned. And here the question suggests itself of whether the most striking kinds of libidinal regressions—those to earlier stages of the sexual organization—may not be predominantly determined by the hereditary constitutional factor. But it is best to postpone answering this question till we have been able to take a wider range of forms of neurotic illness into account.

Let us dwell now on the fact that analytic research shows the libido of neurotics tied to their infantile sexual experiences. It

[1] [Readers may find this diagram easier to follow in the form of a genealogical tree.



thus lends these the appearance of an enormous importance for the life and illness of human beings. They retain this importance undiminished so far as the work of therapeutics is concerned. But if we turn away from that task we can nevertheless easily see that there is a danger here of a misunderstanding which might mislead us into basing our view of Life too one-sidedly on the neurotic situation. We must after all subtract from the importance of infantile experiences the fact that the libido has returned to them *regressively*, after being driven out of its later positions. In that case the contrary conclusion becomes very tempting—that these libidinal experiences had no importance at all at the time they occurred but only acquired it regressively. You will recall that we have already considered a similar alternative in our discussion of the Oedipus complex [p. 336].

Once again we shall not find it hard to reach a decision. The assertion that the libidinal cathexis (and therefore the pathogenic significance) of the infantile experiences has been largely intensified by the regression of the libido is undoubtedly correct, but it would lead to error if we were to regard it alone as decisive. Other considerations must be allowed weight as well.

In the first place observation shows, in a manner that excludes all doubt, that the infantile experiences have an importance of their own and give evidence of it already in childhood. Children too have their neuroses, in which the factor of displacement backwards in time is necessarily very much reduced or is even completely absent, since the onset of the illness follows the traumatic experiences immediately. The study of these infantile neuroses protects us from more than one dangerous misunderstanding of the neuroses of adults, just as the dreams of children gave us the key to an understanding of adult dreams.[1] Children's neuroses are very common, much commoner than is supposed. They are often overlooked, regarded as signs of a bad or naughty child, often, too, kept under by the nursery authorities, but they can always be easily recognized in retrospect. They usually appear in the form of *anxiety*

[1] [See Lecture XVIII. Freud was no doubt thinking here of his analysis of the 'Wolf Man', which he had already completed though it was not yet published. 'From the History of an Infantile Neurosis' (1918*b*).]

hysteria. We shall learn on a later occasion what that means [p. 400 below]. If a neurosis breaks out in later life, analysis regularly reveals it as a direct continuation of the infantile illness which may have emerged as no more than a veiled hint. As I have said, however, there are cases in which these signs of neurosis in childhood proceed uninterruptedly into a lifelong illness. We have been able to analyse a few examples of these children's neuroses in childhood itself – when they were actually present;[1] but far more often we have had to be content with someone who has fallen ill in adult life enabling us to obtain a deferred insight into his childhood neurosis. In such cases we must not fail to make certain corrections and take certain precautions.

In the second place, we must reflect that it would be inconceivable for the libido to regress so regularly to the period of childhood unless there were something there to exercise an attraction on it. The fixation which we have supposed to be present at particular points in the course of development can only have a meaning if we regard it as consisting in the retention of a certain quota of libidinal energy. And finally I may point out to you that between the intensity and pathogenic importance of infantile and of later experiences a complemental relationship exists similar to the series we have already discussed. There are cases in which the whole weight of causation falls on the sexual experiences of childhood, cases in which those impressions exert a definitely traumatic effect and call for no other support than can be afforded them by an average sexual constitution and the fact of its incomplete development. Alongside of these cases there are others in which the whole accent lies on the later conflicts and the emphasis we find in the analysis laid on the impressions of childhood appears entirely as the work of regression. Thus we have extremes of 'developmental inhibition' and 'regression' and between them every degree of co-operation between the two factors.

These facts have a certain interest from the point of view of education, which plans the prevention of neuroses by intervening at an early stage in children's sexual development. So long as one focuses attention principally on infantile sexual experiences, one must suppose that one has done everything for the

[1] [Cf. the case history of 'Little Hans' (1909*b*).]

prophylaxis of nervous illnesses by taking care that the child's development is delayed and that it is spared experiences of the sort. We already know, however, that the preconditions for the causation of neuroses are complex and cannot be influenced in general if we take account of only a single factor. Strict protection of the young loses value because it is powerless against the constitutional factor. Besides, it is more difficult to carry out than educationists imagine and it brings with it two fresh dangers which must not be underestimated: the fact that it may achieve too much—that it may encourage an excess of sexual repression, with damaging results, and the fact that it may send the child out into life without any defence against the onrush of sexual demands that is to be looked for at puberty.[1] Thus it remains extremely doubtful how far prophylaxis in childhood can be carried with advantage and whether an altered attitude to the immediate situation may not offer a better angle of approach for the prevention of neuroses.

Let us now go back to the symptoms. They create a substitute, then, for the frustrated satisfaction by means of a regression of the libido to earlier times, with which a return to earlier stages of object-choice or of the organization is inseparably bound up. We discovered some time ago that neurotics are anchored somewhere in their past;[2] we know now that it is at a period of their past in which their libido did not lack satisfaction, in which they were happy. They search about in the history of their life till they find a period of that sort, even if they have to go back as far as the time when they were infants in arms—as they remember it or as they imagine it from later hints. In some way the symptom repeats this early infantile kind of satisfaction, distorted by the censorship arising from the conflict, turned as a rule to a feeling of suffering, and mingled with elements from the precipitating cause of the illness. The kind of satisfaction which the symptom brings has much that is strange about it.

We may disregard the fact that it is unrecognizable to the subject, who, on the contrary, feels the alleged satisfaction as

[1] [I treated elaborately this difficulty in Lecture XXXIV of the *New Introductory Lectures* (1933a), *Standard Ed.*, 22, 141.]

[2] [See for instance the beginning of Lecture XVIII, p. 273 above.]

suffering and complains of it. This transformation is a function of the psychical conflict under pressure of which the symptom had to be formed. What was once a satisfaction to the subject is, indeed, bound to arouse his resistance or his disgust to-day. We are familiar with a trivial but instructive model of this change of mind. The same child who once eagerly sucked the milk from his mother's breast is likely a few years later to display a strong dislike to drinking milk, which his upbringing has difficulties in overcoming. This dislike increases to disgust if a skin forms on the milk or the drink containing it. We cannot exclude the possibility, perhaps, that the skin conjures up a memory of the mother's breast, once so ardently desired. Between the two situations, however, there lies the experience of weaning, with its traumatic effects.

It is something else besides that makes symptoms seem strange to us and incomprehensible as a means of libidinal satisfaction. They do not remind us in the very least of anything from which we are in the habit of normally expecting satisfaction. Usually they disregard objects and in so doing abandon their relation to external reality. We can see that this is a consequence of turning away from the reality principle and of returning to the pleasure principle. But it is also a return to a kind of extended auto-erotism, of the sort that offered the sexual instinct its first satisfactions. In place of a change in the external world these substitute a change in the subject's own body: they set an internal act in place of an external one, an adaptation in place of an action—once again, something that corresponds, phylogenetically, to a highly significant regression. We shall only understand this in connection with something new that we have still to learn from the analytic researches into the formation of symptoms. We must further remember that the same processes belonging to the unconscious play a part in the formation of symptoms as in the formation of dreams—namely, condensation and displacement. A symptom, like a dream, represents something as fulfilled: a satisfaction in the infantile manner. But by means of extreme condensation that satisfaction can be compressed into a single sensation or innervation, and by means of extreme displacement it can be restricted to one small detail of the entire libidinal complex. It is not to be wondered at if we, too, often have difficulty in recognizing

in a symptom the libidinal satisfaction whose presence we suspect and which is invariably confirmed.

I have warned you that we still have something new to learn; it is indeed something surprising and perplexing. By means of analysis, as you know, starting from the symptoms, we arrive at a knowledge of the infantile experiences to which the libido is fixated and out of which the symptoms are made. Well, the surprise lies in the fact that these scenes from infancy are not always true. Indeed, they are not true in the majority of cases, and in a few of them they are the direct opposite of the historical truth. As you will see, this discovery is calculated more than any other to discredit either analysis, which has led to this result, or the patients, on whose statements the analysis and our whole understanding of the neuroses are founded. But there is something else remarkably perplexing about it. If the infantile experiences brought to light by analysis were invariably real, we should feel that we were standing on firm ground; if they were regularly falsified and revealed as inventions, as phantasies of the patient, we should be obliged to abandon this shaky ground and look for salvation elsewhere. But neither of these things is the case; the position can be shown to be that the childhood experiences constructed or remembered in analysis are sometimes indisputably false and sometimes equally certainly correct, and in most cases compounded of truth and falsehood. Sometimes, then, symptoms represent events which really took place and to which we may attribute an influence on the fixation of the libido, and sometimes they represent phantasies of the patient's which are not, of course, suited to playing an aetiological role. It is difficult to find one's way about in this. We can make a first start, perhaps, with a similar discovery — namely, that the isolated childhood memories that people have possessed consciously from time immemorial and before there was any such thing as analysis [p. 200 above] may equally be falsified or at least may combine truth and falsehood in plenty. In their case there is seldom any difficulty in showing their incorrectness; so we at least have the reassurance of knowing that the responsibility for this unexpected disappointment lies, not with analysis, but in some way with the patients.

After a little reflection we shall easily understand what it is

about this state of things that perplexes us so much. It is the low valuation of reality, the neglect of the distinction between it and phantasy. We are tempted to feel offended at the patient's having taken up our time with invented stories. Reality seems to us something worlds apart from invention, and we set a very different value on it. Moreover the patient, too, looks at things in this light in his normal thinking. When he brings up the material which leads from behind his symptoms to the wishful situations modelled on his infantile experiences, we are in doubt to begin with whether we are dealing with reality or phantasies. Later, we are enabled by certain indications to come to a decision and we are faced by the task of conveying it to the patient. This, however, invariably gives rise to difficulties. If we begin by telling him straight away that he is now engaged in bringing to light the phantasies with which he has disguised the history of his childhood (just as every nation disguises its forgotten prehistory by constructing legends), we observe that his interest in pursuing the subject further suddenly diminishes in an undesirable fashion. He too wants to experience realities and despises everything that is merely 'imaginary'. If, however, we leave him, till this piece of work is finished, in the belief that we are occupied in investigating the real events of his childhood, we run the risk of his later on accusing us of being mistaken and laughing at us for our apparent credulity. It will be a long time before he can take in our proposal that we should equate phantasy and reality and not bother to begin with whether the childhood experiences under examination are the one or the other. Yet this is clearly the only correct attitude to adopt towards these mental productions. They too possess a reality of a sort. It remains a fact that the patient has created these phantasies for himself, and this fact is of scarcely less importance for his neurosis than if he had really experienced what the phantasies contain. The phantasies possess *psychical* as contrasted with *material* reality, and we gradually learn to understand that *in the world of the neuroses it is psychical reality which is the decisive kind.*

Among the occurrences which recur again and again in the youthful history of neurotics—which are scarcely ever absent—there are a few of particular importance, which also deserve on that account, I think, to be brought into greater prominence

than the rest. As specimens of this class I will enumerate these: observation of parental intercourse, seduction by an adult and threat of being castrated. It would be a mistake to suppose that they are never characterized by material reality; on the contrary, this is often established incontestably through enquiries from older members of the patient's family. It is by no means a rare thing, for instance, for a little boy, who is beginning to play with his penis in a naughty way and is not yet aware that one must conceal such activities, to be threatened by a parent or nurse with having his penis or his sinful hand cut off. Parents will often admit this when they are asked, since they think they have done something useful in making such a threat; a number of people have a correct conscious memory of such a threat, especially if it was made at a somewhat later period. If the threat is delivered by the mother or some other female she usually shifts its performance on to the father—or the doctor. In *Struwwelpeter*, the famous work of the Frankfurt paediatrician Hoffmann (which owes its popularity precisely to an understanding of the sexual and other complexes of childhood), you will find castration softened into a cutting-off of the thumbs as a punishment for obstinate sucking. But it is highly improbable that children are threatened with castration as often as it appears in the analyses of neurotics. We shall be satisfied by realizing that the child puts a threat of this kind together in his imagination on the basis of hints, helped out by a knowledge that auto-erotic satisfaction is forbidden and under the impression of his discovery of the female genitals. [Cf. p. 317 above.] Nor is it only in proletarian families that it is perfectly possible for a child, while he is not yet credited with possessing an understanding or a memory, to be a witness of the sexual act between his parents or other grown-up people, and the possibility cannot be rejected that he will be able to understand and react to the impression *in statu nascendi*. If, however, the intercourse is described with the most minute details, which would be difficult to observe, or if, as happens most frequently, it turns out to have been intercourse from behind, *more ferarum* [in the manner of animals], there can be no remaining doubt that the phantasy is based on an observation of intercourse between animals (such as dogs) and that its motive was the child's unsatisfied scoptophilia during puberty. The extreme

achievement on these lines is a phantasy of observing parental intercourse while one is still an unborn baby in the womb. Phantasies of being seduced are of particular interest, because so often they are not phantasies but real memories. Fortunately, however, they are nevertheless not real as often as seemed at first to be shown by the findings of analysis. Seduction by an older child or by one of the same age is even more frequent than by an adult; and if in the case of girls who produce such an event in the story of their childhood their father figures fairly regularly as the seducer, there can be no doubt either of the imaginary nature of the accusation or of the motive that has led to it.[1] A phantasy of being seduced when no seduction has occurred is usually employed by a child to screen the auto-erotic period of his sexual activity. He spares himself shame about masturbation by retrospectively phantasying a desired object into these earliest times. You must not suppose, however, that sexual abuse of a child by its nearest male relatives belongs entirely to the realm of phantasy. Most analysts will have treated cases in which such events were real and could be unimpeachably established, but even so they related to the later years of childhood and had been transposed into earlier times.

The only impression we gain is that these events of childhood are somehow demanded as a necessity, that they are among the essential elements of a neurosis. If they have occurred in reality, so much to the good, but if they have been withheld by reality, they are put together from hints and supplemented by phantasy. The outcome is the same, and up to the present we have not succeeded in pointing to any difference in the consequences, whether phantasy or reality has had the greater share in these events of childhood. Here we simply have once again one of the complemental relations that I have so often mentioned; moreover it is the strangest of all we have met with. Whence comes the need for these phantasies and the material for them? There can be no doubt that their sources lie in the instincts, but it has still to be explained why the same phantasies with the same content are created on every occasion. I am prepared with an

[1] [Cf. a later reference to this, with a further explanation, in Freud's paper on 'Female Sexuality' (1931*b*), *Standard Ed.*, **21**, 235. A full history of Freud's views on this subject is given in an Editor's footnote to the *New Introductory Lectures* (1933*a*), ibid., **22**, 120–1.]

answer which I know will seem daring to you. I believe these *primal phantasies*, as I should like to call them, and no doubt a few others as well, are a phylogenetic endowment. In them the individual reaches beyond his own experience into primaeval experience at points where his own experience has been too rudimentary. It seems to me quite possible that all the things that are told to us to-day in analysis as phantasy—the seduction of children, the inflaming of sexual excitement by observing parental intercourse, the threat of castration (or rather castration itself)—were once real occurrences in the primaeval times of the human family, and that children in their phantasies are simply filling in the gaps in individual truth with prehistoric truth. I have repeatedly been led to suspect that the psychology of the neuroses has stored up in it more of the antiquities of human development than any other source.[1]

The things I have just been discussing, Gentlemen, compel me to enter more closely into the origin and significance of the mental activity which is described as 'phantasy' [or 'imagination'].[2] As you are aware, it enjoys a universally high reputation, without its position in mental life having become clear. I have the following remarks to make about it. The human ego is, as you know, slowly educated by the pressure of external necessity to appreciate reality and obey the reality principle; in the course of this process it is obliged to renounce, temporarily or permanently, a variety of the objects and aims at which its striving for pleasure, and not only for sexual pleasure, is directed. But men have always found it hard to renounce pleasure; they cannot bring themselves to do it without some kind of compensation. They have therefore retained a mental

[1] [This discussion of 'primal phantasies' and the possibility of their being inherited was based to a considerable extent on Freud's findings in his 'Wolf Man' case history (1918*b*), which he had completed two or three years earlier. When he came to publish it in the year following that in which this lecture was delivered, he added two long passages to his original draft, referring back to the present discussion. Cf. *Standard Ed.*, **17**, 57–60 and 95–7.]

[2] [Freud's main earlier discussions of phantasy will be found in 'Creative Writers and Day-Dreaming' (1908*e*) and 'Hysterical Phantasies and their Relation to Bisexuality' (1908*a*).]

activity in which all these abandoned sources of pleasure and methods of achieving pleasure are granted a further existence —a form of existence in which they are left free from the claims of reality and of what we call 'reality-testing'.[1] Every desire takes before long the form of picturing its own fulfilment; there is no doubt that dwelling upon imaginary wish-fulfilments brings satisfaction with it, although it does not interfere with a knowledge that what is concerned is not real. Thus in the activity of phantasy human beings continue to enjoy the freedom from external compulsion which they have long since renounced in reality. They have contrived to alternate between remaining an animal of pleasure and being once more a creature of reason. Indeed, they cannot subsist on the scanty satisfaction which they can extort from reality. 'We cannot do without auxiliary constructions', as Theodor Fontane once said.[2] The creation of the mental realm of phantasy finds a perfect parallel in the establishment of 'reservations' or 'nature reserves' in places where the requirements of agriculture, communications and industry threaten to bring about changes in the original face of the earth which will quickly make it unrecognizable. A nature reserve preserves its original state which everywhere else has to our regret been sacrificed to necessity. Everything, including what is useless and even what is noxious, can grow and proliferate there as it pleases. The mental realm of phantasy is just such a reservation withdrawn from the reality principle.

The best-known productions of phantasy are the so-called 'day-dreams', which we have already come across [p. 98], imagined satisfactions of ambitious, megalomanic, erotic wishes, which flourish all the more exuberantly the more reality counsels modesty and restraint. The essence of the happiness of phantasy—making the obtaining of pleasure free once more from the assent of reality—is shown in them unmistakably. We know that such day-dreams are the nucleus and prototype of

[1] [I.e. the process of judging whether things are real or not. The deeper implications of this are discussed in the metapsychological paper on dreams (1917*d*), *Standard Ed.*, **14**, 230–4, for full references see the Editor's Note to that paper, ibid., 220–1.]

[2] [Freud quoted this again in a similar connection in Chapter II of *Civilization and its Discontents* (1930*a*), *Standard Ed.*, **21**, 75.]

night-dreams. A night-dream is at bottom nothing other than a day-dream that has been made utilizable owing to the liberation of the instinctual impulses at night, and that has been distorted by the form assumed by mental activity at night. We have already become familiar with the idea that even a day-dream is not necessarily conscious—that there are unconscious day-dreams, as well [p. 368]. Such unconscious day-dreams are thus the source not only of night-dreams but also of neurotic symptoms.[1]

The importance of the part played by phantasy in the formation of symptoms will be made clear to you by what I have to tell you. I have explained [p. 359] how in the case of frustration the libido cathects regressively the positions which it has given up but to which some quotas of it have remained adhering. I shall not withdraw this or correct it, but I have to insert a connecting link. How does the libido find its way to these points of fixation? All the objects and trends which the libido has given up have not yet been given up in every sense. They or their derivatives are still retained with a certain intensity in phantasies. Thus the libido need only withdraw on to phantasies in order to find the path open to every repressed fixation. These phantasies have enjoyed a certain amount of toleration: they have not come into conflict with the ego, however sharp the contrasts between them may have been, so long as a particular condition is observed. This condition is of a *quantitative* nature and it is now upset by the backward flow of libido on to the phantasies. As a result of this surplus, the energic cathexis of the phantasies is so much increased that they begin to raise claims, that they develop a pressure in the direction of becoming realized. But this makes a conflict between them and the ego inevitable. Whether they were previously preconscious or conscious, they are now subjected to repression from the direction of the ego and are at the mercy of attraction from the direction of the unconscious. From what are now unconscious phantasies the libido travels back to their origins in the unconscious—to its own points of fixation.

The libido's retreat to phantasy is an intermediate stage on the path to the formation of symptoms and it seems to call for a

[1] [Cf. a footnote added by Freud in 1920 to the third of his *Three Essays* (1905*d*), *Standard Ed.*, 7, 226.]

special name. C. G. Jung coined the very appropriate one of 'introversion', but then most inexpediently gave it another meaning as well.[1] We will continue to take it that introversion denotes the turning away of the libido from the possibilities of real satisfaction and the hypercathexis[2] of phantasies which have hitherto been tolerated as innocent. An introvert is not yet a neurotic, but he is in an unstable situation: he is sure to develop symptoms at the next shift of forces, unless he finds some other outlets for his dammed-up libido. The unreal character of neurotic satisfaction and the neglect of the distinction between phantasy and reality are on the other hand already determined by the fact of lingering at the stage of introversion.

You will no doubt have observed that in these last discussions I have introduced a fresh factor into the structure of the aetiological chain — namely the quantity, the magnitude, of the energies concerned. We have still to take this factor into account everywhere. A purely qualitative analysis of the aetiological determinants is not enough. Or, to put it another way, a merely *dynamic* view of these mental processes is insufficient, an *economic* line of approach is also needed. We must tell ourselves that the conflict between two trends does not break out till certain intensities of cathexis have been reached, even though the determinants for it have long been present so far as their subject-matter is concerned. In the same way, the pathogenic significance of the constitutional factors must be weighed according to how much *more* of one component instinct than of another is present in the inherited disposition. It may even be

[1] [This had been discussed by Freud earlier, in a footnote to his paper on 'The Dynamics of Transference' (1912*b*), *Standard Ed.*, **12**, 102 *n.* 1, in which he stated that Jung seemed to be applying the term 'introversion' exclusively to dementia praecox. In that footnote further references are given.]

[2] [I.e. charging with an extra amount of psychical energy. Freud generally used the term in this sense, e.g. in 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 197, *Beyond the Pleasure Principle* (1920*g*), ibid., **18**, 31–2, and 'Humour' (1927*d*), ibid., **21**, 165. On the other hand he sometimes applied it more specially to the distinction between unconscious and preconscious ideas: once more in 'The Unconscious', ibid., **14**, 194 and 202, and in Chapter IV of the *Outline* (1940*a* [1938]). Cf. also Part III, Section 1, of the 'Project' of 1895 (Freud, 1950*a*).]

supposed that the disposition of all human beings is qualitatively alike and that they differ only owing to these quantitative conditions. The quantitative factor is no less decisive as regards capacity to resist neurotic illness. It is a matter of *what quota* of unemployed libido a person is able to hold in suspension and of *how large a fraction* of his libido he is able to divert from sexual to sublimated aims. The ultimate aim of mental activity, which may be described quantitatively as an endeavour to obtain pleasure and avoid unpleasure, emerges, looked at from the economic point of view, as the task of mastering the amounts of excitation (mass of stimuli) operating in the mental apparatus and of keeping down their accumulation which creates unpleasure.[1]

This, then, is what I wanted to tell you about the formation of symptoms in the neuroses. But I must not fail to lay emphasis expressly once again on the fact that everything I have said here applies only to the formation of symptoms in hysteria. Even in obsessional neurosis there is much — apart from fundamentals, which remain unaltered — that will be found different. The anticathexes opposing the demands of the instincts (which we have already spoken of in the case of hysteria as well [p. 360]) become prominent in obsessional neurosis and dominate the clinical picture in the form of what are known as 'reaction-formations'. We discover similar and even more far-reaching divergences in the other neuroses, where our researches into the mechanisms of symptom-formation are not yet concluded at any point.

Before I let you go to-day, however, I should like to direct your attention a little longer to a side of the life of phantasy which deserves the most general interest. For there is a path that leads back from phantasy to reality — the path, that is, of

[1] [Here Freud appears to be equating the 'pleasure principle' and 'the principle of constancy', though in the earlier passage above (p. 356f.), where this subject is touched on, there is a hint at a doubt about this. At a later date he drew a clear distinction between the two (see Freud, 1924*c*, *Standard Ed.* **19**, 159–61). A full discussion of the development of Freud's views on these principles is given in an Editor's footnote to 'Instincts and their Vicissitudes' (1915*c*), ibid., **14**, 121.]

art. An artist is once more in rudiments an introvert, not far removed from neurosis. He is oppressed by excessively powerful instinctual needs. He desires to win honour, power, wealth, fame and the love of women; but he lacks the means for achieving these satisfactions. Consequently, like any other unsatisfied man, he turns away from reality and transfers all his interest, and his libido too, to the wishful constructions of his life of phantasy, whence the path might lead to neurosis. There must be, no doubt, a convergence of all kinds of things if this is not to be the complete outcome of his development, it is well known, indeed, how often artists in particular suffer from a partial inhibition of their efficiency owing to neurosis. Their constitution probably includes a strong capacity for sublimation and a certain degree of laxity in the repressions which are decisive for a conflict. An artist, however, finds a path back to reality in the following manner To be sure, he is not the only one who leads a life of phantasy. Access to the half-way region of phantasy is permitted by the universal assent of mankind, and everyone suffering from privation expects to derive alleviation and consolation from it. But for those who are not artists the yield of pleasure to be derived from the sources of phantasy is very limited. The ruthlessness of their repressions forces them to be content with such meagre day-dreams as are allowed to become conscious. A man who is a true artist has more at his disposal. In the first place, he understands how to work over his day-dreams in such a way as to make them lose what is too personal about them and repels strangers, and to make it possible for others to share in the enjoyment of them. He understands, too, how to tone them down so that they do not easily betray their origin from proscribed sources. Furthermore, he possesses the mysterious power of shaping some particular material until it has become a faithful image of his phantasy; and he knows, moreover, how to link so large a yield of pleasure to this representation of his unconscious phantasy that, for the time being at least, repressions are outweighed and lifted by it. If he is able to accomplish all this, he makes it possible for other people once more to derive consolation and alleviation from their own sources of pleasure in their unconscious which have become inaccessible to them; he earns their gratitude and admiration and he has thus achieved *through* his phantasy what originally

he had achieved only *in* his phantasy — honour, power and the love of women.[1]

[1] [Cf. 'Creative Writers and Day-Dreaming' (1908*e*), *Standard Ed.*, **9**, 153, the fifth of Freud's *Five Lectures* (1910*a*), ibid., **11**, 50, 'Two Principles of Mental Functioning' (1911*b*), ibid., **12**, 224, and Section II (F) of his contribution to *Scientia* (1913*j*), ibid., **13**, 187–8.]

LECTURE XXIV

THE COMMON NEUROTIC STATE

LADIES AND GENTLEMEN, Now that we have disposed of such a difficult piece of work in our last discussions, I propose for a time to leave the subject and turn to you yourselves.

For I am aware that you are dissatisfied. You pictured an 'Introduction to Psycho-Analysis' [1] very differently. What you expected to hear were lively examples, not theory. On one occasion, you say, when I told you the parable of 'In the Basement and on the First Floor' [p. 352], you grasped something of the way in which neuroses are caused; the observations should have been real ones, however, and not made-up stories. Or when at the start I described two symptoms to you (not invented ones this time, let us hope) and described their solution and their relation to the patients' lives [p. 261], the 'sense' of symptoms dawned on you. You hoped I should go on along those lines. But instead I gave you long-winded theories, hard to grasp, which were never complete but were always having something fresh added to them; I worked with concepts which I had not yet explained to you; I went from a descriptive account of things to a dynamic one and from that to what I called an 'economic' one; I made it hard for you to understand how many of the technical terms I used meant the same thing and were merely being interchanged for reasons of euphony; I brought up such far-reaching conceptions as those of the pleasure and reality principles and of phylogenetically inherited endowments, and, far from introducing you to anything, I paraded something before your eyes which constantly grew more and more remote from you.

Why did I not begin my introduction to the theory of neuroses with what you yourselves know of the neurotic state and what has long aroused your interest—with the peculiar characteristics of neurotic people, their incomprehensible reactions to human intercourse and external influences, their irritability, their incalculable and inexpedient behaviour? Why

[1] [See p. 9 above.]

did I not lead you step by step from an understanding of the simpler, everyday forms of the neurotic state to the problems of its enigmatic, extreme manifestations?

Indeed, Gentlemen, I cannot even disagree with you. I am not so enamoured of my skill in exposition that I can declare each of its artistic faults to be a peculiar charm. I think myself that it might have been more to your advantage if I had proceeded otherwise; and that was, indeed, my intention. But one cannot always carry out one's reasonable intentions. There is often something in the material itself which takes charge of one and diverts one from one's first intentions. Even such a trivial achievement as the arrangement of a familiar piece of material is not entirely subject to an author's own choice; it takes what line it likes and all one can do is to ask oneself after the event why it has happened in this way and no other.

One reason is probably that the title 'Introduction to Psycho-Analysis' is no longer applicable to the present section, which is supposed to deal with the neuroses. An introduction to psycho-analysis is provided by the study of parapraxes and dreams; the theory of the neuroses is psycho-analysis itself. It would not, I believe, have been possible to give you a knowledge of the subject-matter of the theory of the neuroses in so short a time except in this concentrated form. It was a question of presenting you with a connected account of the sense and significance of symptoms and of the external and internal determinants and mechanism of their formation. That is what I have tried to do; it is more or less the nucleus of what psycho-analysis has to teach to-day. It involved saying a great deal about the libido and its development and a little, too, about that of the ego. Our introduction had already prepared you in advance for the premisses of our technique and for the major considerations of the unconscious and of repression (resistance). You will discover from one of the next lectures [Lecture XXVI] the points from which the work of psycho-analysis makes its further organic advance. For the time being I have made no secret of the fact that everything I have said is derived from the study of a single group of nervous disorders—what are termed the 'transference neuroses'. Indeed, I have traced the mechanism of symptom-formation in the case only

of the hysterical neurosis. Even if you have acquired no thorough knowledge and have not retained every detail, yet I hope that you have formed some picture of the methods by which psycho-analysis works, of the problems which it attacks and of the results at which it has arrived.

I have credited you with a wish that I might have started my description of the neuroses from the behaviour of neurotic people, from an account of the manner in which they suffer under their neurosis, of how they defend themselves against it and how they come to terms with it. No doubt that is an interesting topic, worth investigating; nor would it be very difficult to handle. But it would be of debitable wisdom to start with it. There would be a risk of not discovering the unconscious and at the same time of overlooking the great importance of the libido and of judging everything as it appears to the ego of the neurotic subject. It is obvious that this ego is not a trustworthy or impartial agency. The ego is indeed the power which disavows the unconscious and has degraded it into being repressed; so how can we trust it to be fair to the unconscious? The most prominent elements in what is thus repressed are the repudiated demands of sexuality, and it is quite self-evident that we should never be able to guess their extent and importance from the ego's conceptions. From the moment the notion of repression dawns on us, we are warned against making one of the two contesting parties (and the victorious one, at that) into being judge in the dispute. We are prepared to find that the ego's assertions will lead us astray. If we are to believe the ego, it was active at every point and itself willed and created its symptoms. But we know that it puts up with a good amount of passivity, which it afterwards tries to disguise and gloss over. It is true that it does not always venture on such an attempt; in the symptoms of obsessional neurosis it is obliged to admit that there is something alien which is confronting it and against which it can only defend itself with difficulty.

Anyone whom these warnings do not deter from taking the ego's counterfeits as sterling coin will have an easy time of it and will avoid all the resistances which oppose the psychoanalytic emphasis upon the unconscious, sexuality and the passivity of the ego. He will be able to declare like Alfred Adler

that the 'neurotic character'[1] is the cause of neuroses instead of their consequence; but neither will he be in a position to explain a single detail of symptom-formation or a single dream.

You will ask whether it may not be possible, however, to do justice to the part played by the ego in neurotic states and in the formation of symptoms without at the same time grossly neglecting the factors revealed by psycho-analysis. My reply is that that must certainly be possible and will sooner or later be done; but the road followed by the work of psycho-analysis does not admit of actually *beginning* with this. It is of course possible to foresee when psycho-analysis will be confronted by this task. There are neuroses in which the ego plays a far more intensive part than in those we have studied hitherto; we call them the 'narcissistic' neuroses. The investigation of these disorders will enable us to form an impartial and trustworthy judgement of the share taken by the ego in the onset of neuroses.[2]

One of the ways in which the ego is related to its neuroses is, however, so obvious that it was possible to take it into account from the first. It seems never to be absent, but it is most clearly recognizable in a disorder which we are even to-day far from understanding—*traumatic neurosis*. For you must know that the same factors always come into operation in the causation and mechanism of every possible form of neurosis; but the chief importance in the construction of the symptoms falls now upon one and now upon another of these factors. The position is like that among the members of a theatrical company. Each of them is regularly cast for his own stock role—hero, confidant, villain, and so on; but each of them will choose a different piece for his benefit performance. In the same way phantasies which turn into symptoms are nowhere more obvious than in hysteria; the anticathexes or reaction formations of the ego dominate the picture in obsessional neurosis; what in the case of dreams we have termed 'secondary revision' [p. 182] stands in the foreground in paranoia in the shape of delusions, and so on.

[1] [*Über den nervösen Charakter* (1912) was the title of one of Adler's earlier works. The title of its English translation is *The Neurotic Constitution*.]

[2] [Freud deals further with this in Lecture XXVI below.]

Thus in traumatic neuroses, and particularly in those brought about by the horrors of war, we are unmistakably presented with a self-interested motive on the part of the ego, seeking for protection and advantage—a motive which cannot, perhaps, create the illness by itself but which assents to it and maintains it when once it has come about. This motive tries to preserve the ego from the dangers the threat of which was the precipitating cause of the illness and it will not allow recovery to occur until a repetition of these dangers seems no longer possible or until compensation has been received for the danger that has been endured.[1]

The ego takes a similar interest, however, in the development and maintenance of the neurosis in every other case. I have already shown [p. 359] that symptoms are supported by the ego, too, because they have a side with which they offer satisfaction to the repressing purpose of the ego. Moreover, settling the conflict by constructing a symptom is the most convenient way out and the one most agreeable to the pleasure principle: it unquestionably spares the ego a large amount of internal work which is felt as distressing. Indeed there are cases in which even the physician must admit that for a conflict to end in neurosis is the most harmless and socially tolerable solution. You must not be surprised to hear that even the physician may occasionally take the side of the illness he is combating. It is not his business to restrict himself in every situation in life to being a fanatic in favour of health. He knows that there is not only neurotic misery in the world but real, irremovable suffering as well, that necessity may even require a person to sacrifice his health; and he learns that a sacrifice of this kind made by a single person can prevent immeasurable unhappiness for many others. If we may say, then, that whenever a neurotic is faced by a conflict he takes flight into illness,[2] yet we must allow that in some cases that flight is fully justified, and a physician who has recognized how the situation lies will silently and solicitously withdraw.

[1] [Cf. Freud's studies on the war neuroses (1919*d* and 1955*c* [1920]), *Standard Ed.*, **17**, 207 ff.]

[2] [This phrase appeared first in Freud's paper on hysterical attacks (1909*a*), *Standard Ed.*, **9**, 231–2, where some further references will be found.]

But let us disregard these exceptional cases and proceed with our discussion. In average circumstances we recognize that by escaping into a neurosis the ego obtains a certain internal 'gain from illness'. In some circumstances of life this is further accompanied by an appreciable *external* advantage bearing a greater or less real value. Consider the commonest example of this sort. A woman who is roughly treated and ruthlessly exploited by her husband will fairly regularly find a way out in neurosis, if her constitution makes it possible, if she is too cowardly or too moral to console herself secretly with another man, if she is not strong enough to separate from her husband in the face of every external deterrent, if she has no prospect of supporting herself or obtaining a better husband and if in addition she is still attached to this brutal husband by her sexual feelings. Her illness now becomes a weapon in her battle with her dominating husband a weapon which she can use for her defence and misuse for her revenge. To complain of her illness is allowable, though to lament her marriage was probably not. She finds a helper in her doctor, she forces her usually inconsiderate husband to look after her, to spend money on her, to allow her at times to be away from home and so free from her married oppression. When an external or accidental gain from illness like this is really considerable and no real substitute for it is available, you must not reckon very high the chances of influencing the neurosis by your treatment.

You will now protest that what I have told you about the gain from illness argues entirely in favour of the view I have rejected that the ego itself wills and creates the neurosis [p. 380]. Not too fast, Gentlemen! It may perhaps mean nothing more than that the ego puts up with the neurosis, which it cannot, after all, prevent, and that it makes the best of it, if anything can be made of it at all. That is only one side of the business, the pleasant side, it is true. So far as the neurosis has advantages the ego no doubt accepts it; but it does not only have advantages. As a rule it soon turns out that the ego has made a bad bargain by letting itself in for the neurosis. It has paid too dearly for an alleviation of the conflict, and the sufferings attached to the symptoms are perhaps an equivalent substitute for the torments of the conflict, but they probably involve an increase in unpleasure. The ego would like to free itself

from this unpleasure of the symptoms without giving up the gain from illness, and this is just what it cannot achieve. This shows, then, that it was not so entirely active as it thought it was, and we shall bear this well in mind.

In your contact as doctors with neurotics, Gentlemen, you will soon give up expecting that the ones who raise the most lamentations and complaints about their illness will be the most eager to co-operate and will offer you the least resistance. It is rather the opposite. But of course you will easily realize that everything that contributes to the gain from illness will intensify the resistance due to repression and will increase the therapeutic difficulties. But to the portion of gain from illness which is, so to say, born with the illness we have to add another portion which arises later. When a psychical organization like an illness has lasted for some time, it behaves eventually like an independent organism; it manifests something like a self-preservative instinct, it establishes a kind of *modus vivendi* between itself and other parts of the mind, even with those which are at bottom hostile to it; and there can scarcely fail to be occasions when it proves once again useful and expedient and acquires, as it were, a *secondary function* which strengthens its stability afresh. Instead of an example from pathology, let us take a glaring instance from daily life. A capable working-man, who earns his living, is crippled by an accident in the course of his occupation. The injured man can no longer work, but eventually he obtains a small disablement pension, and he learns how to exploit his mutilation by begging. His new, though worsened, means of livelihood is based precisely on the very thing that deprived him of his former means of livelihood. If you could put an end to his injury you would make him, to begin with, without means of subsistence; the question would arise of whether he was still capable of taking up his earlier work again. What corresponds in the case of neuroses to a secondary exploitation like this of an illness may be described as the *secondary* gain from illness in contrast to the primary one.[1]

[1] [The distinction between the two different kinds of gain from illness had been indicated by Freud in a letter to Fliess of November 18, 1897 (Freud, 1950*a*, Letter 75), though it was first made explicit in the paper (1909*a*) quoted in the last footnote. The question had already been discussed at some length in the 'Dora' case history (1905*e*), *Standard Ed.*,

In general, however, I should like to recommend that, while not under-estimating the *practical* importance of the gain from illness, you should not let yourselves be impressed by it theoretically. After all, apart from the exceptions I recognized earlier [p. 382], it always calls to mind the examples of 'animal intelligence' illustrated by Oberländer in *Fliegende Blätter*.[1] An Arab was riding his camel along a narrow path cut in the steep face of a mountain. At a turn in the path he suddenly found himself face to face with a lion, which prepared to make a spring. He saw no way out, on one side a perpendicular cliff and on the other a precipice; retreat and flight were impossible. He gave himself up for lost. But the animal thought otherwise. He took one leap with his rider into the abyss—and the lion was left in the lurch. The help provided by a neurosis has as a rule no better success with the patient. This may be because dealing with a conflict by forming symptoms is after all an automatic process which cannot prove adequate to meeting the demands of life, and in which the subject has abandoned the use of his best and highest powers. If there were a choice, it would be preferable to go down in an honourable struggle with fate.

But I still owe you further enlightenment, Gentlemen, on my reasons for not starting my account of the theory of the neuroses with the common neurotic state. You may perhaps suppose that it was because in that case I should have had greater difficulty in proving the sexual causation of the neuroses. But you would be wrong there. In the case of the transference neuroses one must work one's way through the interpretation of symptoms before one can arrive at that discovery. In the common forms of what are known as the 'actual neuroses'[2] the aetiological significance of sexual life is a crude fact that springs to the

7, 42–5, where the instances of the crippled beggar and of the ill-treated wife appear again. But the analysis there was later considered incorrect by Freud, who added a long footnote in 1923 (*ibid.*, 43), which gives perhaps the clearest account of the matter.]

[1] [See footnote 2, p. 28.]

[2] [*Aktualneurosen*. 'Aktual', like the French *actuel*, has the sense of 'contemporary', 'of the present moment'. The epithet is applied to this group of neuroses because their causes are purely contemporary and do not, as in the case of the psychoneuroses, have their origin in the patient's past life. 'Actual neuroses' is the accepted translation.]

observer's eyes. I came upon it more than twenty years ago when one day I asked myself the question of why in the examination of neurotics their sexual activities were so regularly excluded from consideration. At that time I sacrificed my popularity with my patients for the sake of these enquiries; but after only a brief effort I was able to declare that 'if the *vita sexualis* is normal, there can be no neurosis'—and by this I meant no 'actual neurosis'.[1] No doubt this statement passes too lightly over people's individual differences; it suffers, too, from the indefiniteness inseparable from the judgement of what is 'normal'. But as a rough guide it retains its value to this day. I had by then reached the point of establishing specific relations between particular forms of neurosis and particular sexual noxae; and I have no doubt that I could repeat the same observations to-day if similar pathological material were still at my disposal. I found often enough that a man who indulged in a certain kind of incomplete sexual satisfaction (for instance, manual masturbation) had fallen ill of a particular form of 'actual neurosis', and that this neurosis promptly gave place to another if he replaced this sexual *régime* by another equally far from being irreproachable. I was then in a position to infer the change in a patient's sexual mode of life from an alteration in his condition.[2] I also learnt then to stand obstinately by my suspicions till I had overcome the patients' disingenuousness and compelled them to confirm my views. It is true that thereafter they preferred to go to other doctors who did not make such keen enquiries about their sexual life.

Even at that time I could not fail to notice that the causation of the illness did not always point to sexual life. One person, it was true, fell ill directly from a sexual noxa; but another did so because he had lost his fortune or had been through an exhausting organic illness. The explanation of these varieties came later, when we gained an insight into the suspected interrela-

[1] [This is quoted from a paper on sexuality in the aetiology of the neuroses contributed by Freud to a volume of Löwenfeld's *Freud*, 1906*a*), *Standard Ed.*, 7, 274. But he had reached the conclusion more than ten years earlier, and expressed it in almost the same words, in his two papers on anxiety neurosis (1895*b* and *f*), where a large part of what follows is already to be found.]

[2] [Cf. an example of this in an early paper of Freud's (1898*a*), *Standard Ed.*, 3, 273–4.]

tions between the ego and the libido, and the explanation became the more satisfactory the deeper that insight extended. A person only falls ill of a neurosis if his ego has lost the capacity to allocate his libido in some way. The stronger is his ego, the easier will it be for it to carry out that task. Any weakening of his ego from whatever cause must have the same effect as an excessive increase in the claims of the libido and will thus make it possible for him to fall ill of a neurosis. There are other and more intimate relations between the ego and the libido;[1] but these have not yet come within our scope, so I will not bring them up as part of my present explanation. What remains essential and makes things clear to us is that, in every case and no matter how the illness is set going, the symptoms of the neurosis are sustained by the libido and are consequently evidence that it is being employed abnormally.

Now, however, I must draw your attention to the decisive difference between the symptoms of the 'actual' neuroses and those of the psychoneuroses, the first group of which, the transference neuroses, have occupied us so much hitherto. In both cases the symptoms originate from the libido, and are thus abnormal employments of it, substitutive satisfactions. But the symptoms of the 'actual' neuroses—intracranial pressure, sensations of pain, a state of irritation in an organ, weakening or inhibition of a function—have no 'sense', no psychical meaning. They are not only manifested predominantly in the body (as are hysterical symptoms, for instance, as well), but they are also themselves entirely somatic processes, in the generating of which all the complicated mental mechanisms we have come to know are absent. Thus they really are what psychoneurotic symptoms were so long believed to be. But if so, how can they correspond to employments of the libido, which we have recognized as a force operating in the *mind*? Well, Gentlemen, that is a very simple matter. Let me remind you of one of the very first objections that were brought up against psycho-analysis. It was said then that it was occupied in finding a purely psychological theory of neurotic phenomena and this was quite hopeless, since psychological theories could never explain an illness. People had chosen to forget that the sexual function is not a

[1] [No reference to the subject of narcissism, which is discussed in Lecture XXVI.]

purely psychical thing any more than it is a purely somatic one. It influences bodily and mental life alike. If in the symptoms of the psychoneuroses we have become acquainted with manifestations of disturbances in the *psychical* operation of the sexual function, we shall not be surprised to find in the 'actual' neuroses the direct *somatic* consequences of sexual disturbances.

Clinical medicine has given us a valuable pointer towards an interpretation of these disturbances, and one that has been taken into account by various enquirers. The 'actual' neuroses, in the details of their symptoms and also in their characteristic of influencing every organic system and every function, exhibit an unmistakable resemblance to the pathological states which arise from the chronic influence of external toxic substances and from a sudden withdrawal of them—to intoxications and conditions of abstinence. The two groups of disorders are brought together still more closely by intermediate conditions such as Grave's disease which we have learnt to recognize as equally due to the operation of toxic substances, but of toxins which are not introduced into the body from outside but originate in the subject's own metabolism. In view of these analogies, we cannot, I think, avoid regarding the neuroses as results of disturbances in the sexual metabolism, whether because more of these sexual toxins is produced than the subject can deal with, or whether because internal and even psychical conditions restrict the proper employment of these substances. The popular mind has from time immemorial paid homage to hypotheses of this kind on the nature of sexual desire, speaking of love as an 'intoxication' and believing that falling in love is brought about by love-philtres—though here the operative agent is to some extent externalized. And for us this would be an occasion for recalling the erotogenic zones and our assertion that sexual excitation can be generated in the most various organs [p. 324]. But for the rest the phrase 'sexual metabolism' or 'chemistry of sexuality' is a term without content; we know nothing about it and cannot even decide whether we are to assume two sexual substances, which would then be named 'male' and 'female',[1] or whether we could be satisfied with *one* sexual toxin which we should have to recognize as the vehicle of all the stimulant

[1] [Elsewhere, e.g. in the *New Introductory Lectures* (1933*a*), *Std. Ed.*, **22**, 131, Freud strongly rejects such a notion.]

effects of the libido. The theoretical structure of psycho-analysis that we have created is in truth a superstructure, which will one day have to be set upon its organic foundation. But we are still ignorant of this.

What characterizes psycho-analysis as a science is not the material which it handles but the technique with which it works. It can be applied to the history of civilization, to the science of religion and to mythology, no less than to the theory of the neuroses, without doing violence to its essential nature. What it aims at and achieves is nothing other than the uncovering of what is unconscious in mental life. The problems of the 'actual' neuroses, whose symptoms are probably generated by direct toxic damage, offer psycho-analysis no points of attack. It can do little towards throwing light on them and must leave the task to the biologico-medical research.

And now perhaps you understand better why I did not choose to arrange my material differently. If I had promised you an 'Introduction to the Theory of the Neuroses' the correct path would certainly have led from the simple forms of the 'actual' neuroses to the more complicated psychical illnesses due to disturbance of the libido. As regards the former I should have had to collect from various sources what we have learnt or believe we know, and in connection with the psychoneuroses psycho-analysis would have come up for discussion as the most important technical aid in throwing light on those conditions. But what I intended to give and what I announced was an 'Introduction to Psycho-Analysis'. It was more important for me that you should gain an idea of psycho-analysis than that you should obtain some pieces of knowledge about the neuroses; and for that reason the 'actual' neuroses, unproductive so far as psycho-analysis is concerned, could no longer have a place in the foreground. I believe, too, that I have made the better choice for you. For, on account of the profundity of its hypotheses and the comprehensiveness of its connections, psycho-analysis deserves a place in the interest of every educated person, while the theory of the neuroses is a chapter in medicine like any other.

Nevertheless you will rightly expect that we should devote some interest to the 'actual' neuroses as well. Their intimate

clinical connection with the psychoneuroses would alone compel us to do so. I may inform you, then, that we distinguish three pure forms of 'actual' neuroses: neurasthenia, anxiety neurosis and hypochondria.[1] Even this assertion is not uncontradicted. All the names are in use, it is true, but their content is indefinite and fluctuating. There are even doctors who oppose any dividing lines in the chaotic world of neurotic phenomena, any segregation of clinical entities or individual diseases, and who do not even recognize the distinction between the 'actual' neuroses and the psychoneuroses. I think they are going too far and have not chosen the path which leads to progress. The forms of neurosis which I have mentioned occur occasionally in their pure form; more often, however, they are intermixed with each other and with a psychoneurotic disorder. This need not lead us to abandon the distinction between them. Consider the difference between the study of minerals and of rocks in mineralogy. The minerals are described as individuals, no doubt on the basis of the fact that they often occur as crystals, sharply separated from their environment. Rocks consist of aggregations of minerals, which, we may be sure, have not come together by chance but as a result of what determined their origin. In the theory of the neuroses we still know too little of the course of their development to produce anything resembling petrology. But we are certainly doing the right thing if we start by isolating from the mass the individual clinical entities which we recognize and which are comparable to the minerals.

A noteworthy relation between the symptoms of the 'actual' neuroses and of the psychoneuroses makes a further important contribution to our knowledge of the formation of symptoms in the latter. For a symptom of an 'actual' neurosis is often the nucleus and first stage of a psychoneurotic symptom. A relation of this kind can be most clearly observed between neurasthenia and the transference neurosis known as 'conversion hysteria', between anxiety neurosis and anxiety hysteria, but also between hypochondria and the forms of disorder which will be mentioned later [p. 423 ff.] under the name of paraphrenia (dementia praecox and paranoia). Let us take as an example a

[1] [A discussion of hypochondria as a third 'actual' neurosis appears in Section II of Freud's paper on 'Narcissism' (1914*c*), *Standard Ed.*, **14**, 83 ff.]

case of hysterical headache or lumbar pain. Analysis shows us that, by condensation and displacement, it has become a substitutive satisfaction for a whole number of libidinal phantasies or memories. But this pain was also at one time a real one and it was then a direct sexual-toxic symptom, the somatic expression of a libidinal excitation. We are far from asserting that *all* hysterical symptoms contain a nucleus of this kind. But it remains a fact that this is especially often the case and that whatever somatic influences (whether normal or pathological) are brought about by libidinal excitation are preferred for the construction of hysterical symptoms. In such cases they play the part of the grain of sand which a mollusc coats with layers of mother-of-pearl. In the same way, the passing indications of sexual excitement which accompany the sexual act are employed by the psychoneurosis as the most convenient and appropriate material for the construction of symptoms.

A similar course of events affords peculiar diagnostic and therapeutic interest. It not at all infrequently happens in the case of a person who is disposed to a neurosis without actually suffering from a manifest one, that a pathological somatic change (through inflammation or injury perhaps) sets the activity of symptom-formation going, so that this activity hastily turns the symptom which has been presented to it by reality into the representative of all the unconscious phantasies which have only been lying in wait to seize hold of some means of expression. In such a case the physician will adopt sometimes one and sometimes another line of treatment. He will either endeavour to remove the organic basis, without bothering about its noisy neurotic elaboration; or he will attack the neurosis which has taken this favourable opportunity for arising and will pay little attention to its organic precipitating cause. The outcome will prove the one or the other line of approach right or wrong, it is impossible to make general recommendations to meet such mixed cases.[1]

[1] [It will be clear from what Freud says in this lecture that the nosology of the 'actual' neuroses and the distinction between them and the psychoneuroses were established by him at a very early date. The term appears first in a paper on 'Sexuality in the Aetiology of the Neuroses' (1898*a*, *Standard Ed.*, **3**, 274), though the notion goes back at least to 1895. A full list of references is given in an Editor's footnote to the paper on '"Wild" Psycho-Analysis' (1910*k*, ibid., **11**, 224).]

LECTURE XXV

ANXIETY[1]

LADIES AND GENTLEMEN,—What I said to you in my last lecture about the general[2] neurotic state will no doubt have struck you as the most incomplete and inadequate of all my pronouncements. I know that is true, and nothing will have surprised you more, I expect, than that there was nothing in it about anxiety,[3] of which most neurotics complain, which they themselves describe as their worst suffering and which does in fact attain enormous intensity in them and may result in their adopting the craziest measures. But there at least I had no intention of giving you short measure. On the contrary, it was my intention to attack the problem of anxiety in neurotics particularly keenly and to discuss it at length with you.

I have no need to introduce anxiety itself to you. Every one of us has experienced that sensation, or, to speak more correctly,

[1] [The problem of anxiety occupied Freud's mind throughout his life and his views on it went through a number of changes. His first major discussion of it was in his two early papers on anxiety neurosis (1895*b* and *f*), his last major discussion of it was in *Inhibitions, Symptoms and Anxiety* (1926*d*). In an Editor's Introduction to the latter some account will be found of the development of his views (*Standard Ed.*, **20**, 78 ff.). It should be borne in mind that what he says in the present lecture was subjected later to some important—in one case fundamental—revisions; these changes were summarized by him in Addendum A to *Inhibitions, Symptoms and Anxiety* (ibid., **20**, 157–64). At a still later date, in Lecture XXXII of his *New Introductory Lectures* (1933*a*), he restated his final position in a particularly clear form. It must be remembered, however, that, as Freud himself indicates in his Preface (pp. 9–10), the present lecture was his most complete treatment of the subject at the time of its delivery.]

[2] ['*Allgemeine*' in the original. Throughout the last lecture Freud had used the word '*gemeine*' ('common').]

[3] ['*Angst*.' Some remarks on the English rendering of this word will be found in an Editor's Appendix to Freud's first paper on anxiety neurosis (*Standard Ed.*, **3**, 110). Though 'anxiety', in a sense quite different from the colloquial one, is the technical translation, we often find it necessary to render it by such words as 'fear', being 'frightened' or 'afraid', and so on.]

that affective state, at one time or other on our own account. But I think the question has never been seriously enough raised of why neurotics in particular suffer from anxiety so much more and so much more strongly than other people. Perhaps it has been regarded as something self-evident: the words '*nervös*' and '*ängstlich*'[1] are commonly used interchangeably, as though they meant the same thing. But we have no right to do so: there are '*ängstlich*' people who are otherwise not at all '*nervös*' and, moreover, '*nervös*' people who suffer from many symptoms, among which a tendency to '*Angst*' is not included.

However that may be, there is no question that the problem of anxiety is a nodal point at which the most various and important questions converge, a riddle whose solution would be bound to throw a flood of light on our whole mental existence. I will not assert that I can give you this complete solution; but you will certainly expect psycho-analysis to approach this subject too in quite a different way from academic medicine. Interest there seems mainly to be centred on tracing the anatomical paths along which the state of anxiety is brought about. We are told that the medulla oblongata is stimulated, and the patient learns that he is suffering from a neurosis of the vagus nerve. The medulla oblongata is a very serious and lovely object. I remember quite clearly how much time and trouble I devoted to its study many years ago. To-day, however, I must remark that I know nothing that could be of less interest to me for the psychological understanding of anxiety than a knowledge of the path of the nerves along which its excitations pass.[2]

It is possible at the start to work upon the subject of anxiety for quite a time without thinking at all of neurotic states. You will understand me at once when I describe this kind of anxiety as 'realistic' anxiety in contrast to 'neurotic' anxiety. Realistic anxiety strikes us as something very rational and intelligible.

[1] [These words are by no means equivalent to the colloquial English 'nervous' and 'anxious'. '*Nervös*' must be rendered by 'nervy' or 'jumpy' and '*ängstlich*' by 'nervous' in its colloquial sense. 'Anxious' in its ordinary usage is more like the German '*bekümmert*' or '*besorgt*'.]

[2] [At the age of about thirty I retired and worked for two years at the histology of the medulla oblongata and published three papers on the subject (1891*d*, 1891*b* and 1891*c*). His own abstracts of these are included in *Standard Ed.*, 3, 234, 237 and 238.]

We may say of it that it is a reaction to the perception of an external danger – that is, of an injury which is expected and foreseen. It is connected with the flight reflex and it may be regarded as a manifestation of the self-preservative instinct. On what occasions anxiety appears—that is to say, in the face of what objects and in what situations—will of course depend to a large extent on the state of a person's knowledge and on his sense of power *vis-à-vis* the external world. We can quite understand how a savage is afraid of a cannon and frightened by an eclipse of the sun, while a white man, who knows how to handle the instrument and can foretell the eclipse, remains without anxiety in these circumstances. On other occasions it is actually superior knowledge that promotes anxiety, because it makes an early recognition of the danger possible. Thus the savage will be terrified at a trail in the jungle that tells an uninformed person nothing, because it warns him of the proximity of a wild animal; and an experienced sailor will look with terror at a small cloud in the sky that seems trivial to a passenger, because it tells him of an approaching hurricane.

On further consideration we must tell ourselves that our judgement that realistic anxiety is rational and expedient calls for drastic revision. For the only expedient behaviour when a danger threatens would be a cool estimate of one's own strength in comparison with the magnitude of the threat and, on the basis of that, a decision as to whether flight or defence, or possibly even attack, offers the best prospect of a successful issue. But in this situation there is no place at all for anxiety; everything that happens would be achieved just as well and probably better if no anxiety were generated. And you can see, indeed, that if the anxiety is excessively great it proves in the highest degree inexpedient; it paralyses all action, including even flight. Usually the reaction to danger consists in a mixture of the affect of anxiety and defensive action. A terrified animal is afraid and flees; but the expedient part of this is the 'flight' and not the 'being afraid'.

Thus one feels tempted to assert that the generation of anxiety is never an expedient thing. It may perhaps help us to see more clearly if we dissect the situation of anxiety more carefully. The first thing about it is *preparedness* for the danger, which manifests itself in increased sensory attention and motor

tension. This expectant preparedness can be unhesitatingly recognized as an advantage; indeed, its absence may be made responsible for serious consequences. From it there then proceeds on the one hand motor action – flight in the first instance and at a higher level active defence – and on the other hand what we feel as a state of anxiety. The more the generation of anxiety is limited to a mere abortive beginning – to a signal[1] – the more will the preparedness for anxiety transform itself without disturbance into action and the more expedient will be the shape taken by the whole course of events. Accordingly, the *preparedness* for anxiety seems to me to be the expedient element in what we call anxiety, and the *generation* of anxiety the inexpedient one.

I shall avoid going more closely into the question of whether our linguistic usage means the same thing or something clearly different by '*Angst* [anxiety]', '*Furcht* [fear]' and '*Schreck* [fright]'. I will only say that I think '*Angst*' relates to the state and disregards the object, while '*Furcht*' draws attention precisely to the object. It seems that '*Schreck*', on the other hand, does have a special sense; it lays emphasis, that is, on the effect produced by a danger which is not met by any preparedness for anxiety. We might say, therefore, that a person protects himself from fright by anxiety.[2]

A certain ambiguity and indefiniteness in the use of the word '*Angst*' will not have escaped you. By 'anxiety' we usually understand the subjective state into which we are put by perceiving the 'generation of anxiety' and we call this an affect. And what is an affect in the dynamic sense? It is in any case something highly composite. An affect includes in the first place particular motor innervations or discharges and secondly certain feelings, the latter are of two kinds – perceptions of the motor actions that have occurred and the direct feelings of pleasure and unpleasure which, as we say, give the affect its keynote. But I do not think that with this enumeration we have arrived at the essence of an affect. We seem to see deeper in the

[1] [This notion of anxiety serving as a 'signal' was to play a central part in Freud's later accounts of anxiety, in *Inhibitions, Symptoms and Anxiety* (1926*d*) and in the *New Introductory Lectures* (1933*a*), ibid., **22**, 85. It appears again below on p. 405.]

[2] [Cf. similar later discussions in *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, **18**, 12, and in *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., **20**, 164–5.]

case of some affects and to recognize that the core which holds the combination we have described together is the repetition of some particular significant experience. This experience could only be a very early impression of a very general nature, placed in the prehistory not of the individual but of the species. To make myself more intelligible an affective state would be constructed in the same way as a hysterical attack and, like it, would be the precipitate of a reminiscence. A hysterical attack may thus be likened to a freshly constructed individual affect, and a normal affect to the expression of a general hysteria which has become a heritage.[1]

Do not suppose that the things I have said to you here about affects are the recognized stock-in-trade of normal psychology. They are on the contrary views that have grown up on the soil of psycho-analysis and are native only to it. What you may gather about affects from psychology—the James-Lange theory, for example—is quite beyond understanding or discussion to us psycho-analysts. But we do not regard our knowledge about affects as very assured either; it is a first attempt at finding our bearings in this obscure region. I will proceed, however. We believe that in the case of the affect of anxiety we know what the early impression is which it repeats. We believe that it is in the *act of birth* that there comes about the combination of unpleasurable feelings, impulses of discharge and bodily sensations which has become the prototype of the effects of a mortal danger and has ever since been repeated by us as the state of anxiety. The immense increase of stimulation owing to the interruption of the renovation of the blood (internal respiration) was at the time the cause of the experience of anxiety; the first anxiety was thus a toxic one. The name '*Angst*' – '*angustiae*', '*Enge*'[2] – emphasizes the characteristic of restriction

[1] [This account of hysterical attacks had been suggested by Freud in a paper on that subject many years earlier (1909*a*, *Standard Ed.*, **9**, 232–3. The view of affects in general which is expressed here may possibly be based on Darwin's explanation of them as relics of actions which originally had a meaning (Darwin, 1872) – an explanation quoted from him by Freud in an early work (1895*d*, ibid., **2**, 181. Freud repeats the present argument in *Inhibitions, Symptoms and Anxiety* (1926*d*). Cf. ibid., **20**, 93, 133 and 84.]

[2] [These Latin and German words, meaning 'narrow place', 'straits', are from the same root as '*Angst*' (and 'anxiety').]

in breathing which was then present as a consequence of the real situation and is now almost invariably reinstated in the affect. We shall also recognize it as highly relevant that this first state of anxiety arose out of separation from the mother.[1] It is, of course, our conviction that the disposition to repeat the first state of anxiety has been so thoroughly incorporated into the organism through a countless series of generations that a single individual cannot escape the affect of anxiety even if, like the legendary Macduff, he 'was from his mother's womb untimely ripped' and has therefore not himself experienced the act of birth. We cannot say what has become the prototype of the state of anxiety in the case of creatures other than mammals. And in the same way we do not know either what complex of feelings is in such creatures the equivalent to our anxiety.

It may perhaps interest you to learn how anyone could have formed such an idea as that the act of birth is the source and prototype of the affect of anxiety. Speculation had a very small share in it, what I did, rather, was to borrow from the *naive* popular mind. Long years ago, while I was sitting with a number of other young hospital doctors at our mid-day meal in an inn, a house physician from the midwifery department told us of a comic thing that had happened at the last examination for midwives. A candidate was asked what it meant if meconium (excreta) made its appearance at birth in the water coming away, and she promptly replied: 'it means the child's frightened.' She was laughed at and failed in the examination. But silently I took her side and began to suspect that this poor woman from the humbler classes had laid an unerring finger on an important correlation.[2]

If we now pass over to consider neurotic anxiety, what fresh forms and situations are manifested by anxiety in neurotics?

[1] [See below, p. 407.]

[2] The episode must have occurred in the early eighties, and this is the only record of it. A full history of Freud's belief in a connection between anxiety and birth was given in the Editor's Introduction to *Inhibitions, Symptoms and Anxiety*, *Standard Ed.*, **20**, 84 ff. From this it seemed that the first known reference to it was in a footnote appearing in the 1909 edition of *The Interpretation of Dreams*, *ibid.*, **5**, 400, and probably written in the summer of 1908. Since the publication of this Introduction, however, an earlier reference has come to light in the *Minutes*

There is much to be described here. In the first place we find a general apprehensiveness, a kind of freely floating anxiety which is ready to attach itself to any idea that is in any way suitable, which influences judgement, selects what is to be expected, and lies in wait for any opportunity that will allow it to justify itself. We call this state 'expectant anxiety' or 'anxious expectation'. People who are tormented by this kind of anxiety always foresee the most frightful of all possibilities, interpret every chance event as a premonition of evil and exploit every uncertainty in a bad sense. A tendency to an expectation of evil of this sort is to be found as a character trait in many people whom one cannot otherwise regard as sick; one calls them over-anxious or pessimistic. A striking amount of expectant anxiety, however, forms a regular feature of a nervous disorder to which I have given the name of 'anxiety neurosis' and which I include among the 'actual' neuroses.[1]

A second form of anxiety, in contrast to the one I have just described, is bound psychically[2] and attached to particular objects or situations. This is the anxiety of the extremely multifarious and often very strange 'phobias'. Stanley Hall [1914], the respected American psychologist, has recently taken the trouble to present us with a whole series of these phobias in all the magnificence of Greek names. This sounds like a List of the ten Plagues of Egypt, though their number goes far beyond ten.[3] Listen to all the things that can become the object or content of a phobia: darkness, open air, open spaces, cats,

of the Vienna Psychoanalytical Society 1962, **1**, 179). At a meeting on April 24, 1907, at which Stekel read a paper on 'The Psychology and Pathology of the Anxiety Neurosis', Adler is reported to have made the following remark. 'One need not venture so far as Freud, who sees anxiety in the process of birth, but anxiety can be traced back into childhood.' Neither in Freud's contribution to the discussion, which was subsequent to Adler's, nor in any other, is the matter referred to again. It would appear from this, however, that Freud's hypothesis was familiarly known in the Vienna Society at least a couple of years before its first publication.]

[1] [Cf. Freud's original account of the anxiety neurosis (1895*b*).]

[2] [Instead of being freely floating.]

[3] [Actually, Stanley Hall enumerates 132 of them. See a review of his paper by Ernest Jones (1910). Stanley Hall (1846–1924) was originally a supporter of Freud's and it was he who invited Freud to lecture in America in 1909, though he later became a follower of Adler.]

spiders, caterpillars, snakes, mice, thunderstorms, sharp points, blood, enclosed spaces, crowds, solitude, crossing bridges, sea voyages and railway journeys, etc., etc. A first attempt at finding one's way about in this confusion suggests a division into three groups. Some of the dreaded objects and situations have something uncanny about them for normal people as well, some relation to danger; and such phobias, therefore, do not strike us as unintelligible, though their strength is greatly exaggerated. Thus most of us have a sense of repulsion if we meet with a snake. Snake phobia, we might say, is a universal human characteristic; and Darwin [1889, 40] has described most impressively how he could not avoid feeling fear of a snake that struck at him, even though he knew that he was protected from it by a thick sheet of glass. We may refer to a second group the cases in which a relation to a danger is still present, though we are accustomed to minimize the danger and not to anticipate it. The majority of situation phobias belong to this group. We know that there is more chance of an accident when we are on a railway-journey than when we stay at home the chance of a collision; we know, too, that a ship may go down, in which case there is a probability of being drowned; but we do not think about these dangers, and travel by rail and ship without anxiety. It cannot be disputed that we should fall into the river if the bridge collapsed at the moment we were crossing it; but that happens so exceedingly seldom that it does not arise as a danger. Solitude, too, has its dangers and in certain circumstances we avoid it; but there is no question of our not being able to tolerate it under any condition even for a moment. Much the same is true of crowds, of enclosed spaces, of thunderstorms and so on. What in general appears to us strange in these phobias of neurotics is not so much their content as their intensity. The anxiety of phobias is positively overwhelming. And sometimes we get an impression that what neurotics are afraid of are not at all the same things and situations which may in certain circumstances cause anxiety in us too and which they describe by the same names.

We are left with a third group of phobias, which is quite beyond our comprehension. When a strong, grown-up man is unable owing to anxiety to walk along a street or cross a square in his own familiar home-town, when a healthy, well-developed

woman is thrown into insensate anxiety because a cat has brushed against the edge of her dress or because a mouse has run across the room, how are we to relate these things to the danger which they obviously constitute for the phobic subject? In the case of such animal phobias there can be no question of an exaggeration of universal human antipathies, since, as though to demonstrate the contrary, there are numerous people who cannot pass by a cat without coaxing it and stroking it. The mouse that these women are so much afraid of is also [in German] one of the chief terms of affection, a girl who is delighted when her lover calls her one will often scream with terror when she sees the pretty creature which bears that name. In the case of the man with agoraphobia the only explanation that we can reach is that he is behaving like a small child. A child is actually taught as part of his education to avoid such situations as dangerous; and our agoraphobic will in fact be saved from his anxiety if we accompany him across the square.

The two forms of anxiety that I have just described—the freely floating expectant anxiety and the sort which is bound to phobias—are independent of each other. One is not a higher stage, as it were, of the other, and they only appear simultaneously in exceptional cases and, so to speak, accidentally. The most powerful general apprehensiveness need not be expressed in phobias; people whose whole existence is restricted by agoraphobia may be entirely free from pessimistic expectant anxiety. Some phobias—for instance, agoraphobia and railway phobia—are demonstrably acquired at a fairly mature age, while others—such as fear of darkness, thunderstorms and animals—seem to have been present from the first. Those of the former kind have the significance of severe illnesses; the latter make their appearance rather as eccentricities or whims. If a person exhibits one of these latter, one may suspect as a rule that he will have other similar ones. I must add that we class all these phobias as *anxiety hysteria*, that is to say, we regard them as a disorder closely related to the familiar conversion hysteria[1] [p. 390].

[1] [Freud's first long discussion of anxiety hysteria was in the case history of 'Little Hans' (1909*b*), *Standard Ed.*, **10**, 117 ff. Some account of his changing views on phobias is given in an Editor's Appendix to his early paper on 'Obsessions and Phobias' (1895*c*), ibid., **3**, 83–4.]

The third of the forms of neurotic anxiety faces us with the puzzling fact that here the connection between anxiety and a threatening danger is completely lost to view. For instance, anxiety may appear in hysteria as an accompaniment to hysterical symptoms, or in some chance condition of excitement in which, it is true, we should expect some manifestation of affect but least of all one of anxiety; or it may make its appearance, divorced from any determinants and equally incomprehensible to us and to the patient, as an unrelated attack of anxiety. Here there is no sign whatever of any danger or of any cause that could be exaggerated into one. We next learn from these spontaneous attacks that the complex which we describe as a state of anxiety is capable of fragmentation. The total attack can be represented by a single, intensely developed symptom, by a tremor, a vertigo, by palpitation of the heart, or by dyspnoea; and the general feeling by which we recognize anxiety may be absent or have become indistinct. Yet these conditions, which we describe as 'anxiety equivalents', have to be equated with anxiety in all clinical and aetiological respects.

Two questions now arise. Can we relate neurotic anxiety, in which danger plays little or no part, to realistic anxiety, which is invariably a reaction to danger? And how are we to understand neurotic anxiety? We shall certainly be inclined in the first instance to hold fast to our expectation that where there is anxiety there must be something that one is afraid of.

Clinical observation affords us a number of hints towards understanding neurotic anxiety, and I will give you their tenor. —

a It is not difficult to establish the fact that expectant anxiety or general apprehensiveness is closely dependent on certain happenings in sexual life, or, let us say, certain employments of the libido. The simplest and most instructive case of this sort occurs in people who expose themselves to what is known as unconsummated excitation – that is, people in whom violent sexual excitations meet with no sufficient discharge, cannot be brought to a satisfying conclusion – men, for instance, while they are engaged to be married, and women whose husbands are insufficiently potent or, as a precaution, perform the sexual act in an incomplete or curtailed fashion. In such circumstances the libidinal excitation vanishes and anxiety

appears in its place whether in the form of expectant anxiety or in attacks and anxiety-equivalents. Interruption of the sexual act as a precaution, if it is practised as a sexual *regime*, is such a regular cause of anxiety neurosis in men, but more particularly in women, that in medical practice it is advisable in such cases to begin by investigating this aetiology. It will then be found on countless occasions that the anxiety neurosis disappears when the sexual abuse is discontinued.

The fact of there being a connection between sexual restraint and anxiety states is, so far as I know, no longer disputed even by physicians who have no contact with psycho-analysis. But I can well believe that an attempt is made to reverse the relation and to put forward the view that the people concerned are such as are already inclined to apprehensiveness and for that reason practise restraint in sexual matters as well. This, however, is decisively contradicted by the behaviour of women, whose sexual activity is essentially of a passive nature is determined, that is to say, by their treatment by the man. The more passionate a woman is the more inclined, therefore, to sexual intercourse and the more capable of being satisfied the more certain she is to react with manifestations of anxiety to a man's impotence or to coitus interruptus, whereas in the case of anaesthetic women or those without much libido such ill-treatment plays a far smaller part.

Of course, the sexual abstinence now so warmly recommended by doctors only has the same importance in generating anxiety states when the libido which is prevented from finding a satisfying discharge is correspondingly strong and has not been dealt with for the greater part by sublimation. Indeed, the decision on whether the outcome is to be illness or not always lies with quantitative factors. Even where what is in question is not illness but the form assumed by a person's character, it is easy to recognize that sexual restriction goes hand in hand with some kind of anxiousness and hesitancy, while intrepidity and impudent daring bring along with them a free indulgence of sexual needs. However much these relations are altered and complicated by a variety of cultural influences, it nevertheless remains true of the average of mankind that anxiety has a close connection with sexual limitation.

I am far from having told you of all the observations that

speak in favour of the genetic relation I have asserted to exist between libido and anxiety. Among them, for instance, is the influence on anxiety disorders of certain phases of life to which, as in the case of puberty and the time of the menopause, a considerable increase in the production of libido may be attributed. In some states of excitement, too, it is possible to observe directly a mixture of libido and anxiety and the final replacement of libido by anxiety. The impression one gains from all these facts is twofold: first, that what is in question is an accumulation of libido which is kept away from its normal employment, and secondly, that here we are entirely in the sphere of somatic processes. How anxiety arises from libido is not at first discernible; we can only recognize that libido is absent and that anxiety is observed in its place.[1]

(*b*) A second pointer is to be found in the analysis of the psychoneuroses, and especially of hysteria. We have seen that in this illness anxiety often appears in company with the symptoms, but that unbound anxiety appears, too, manifested as an attack or as a chronic condition. The patients cannot say what it is they are afraid of, and, by the help of an unmistakable secondary revision [p. 182], link it to the first phobias that come to hand—such as dying, going mad, or having a stroke. If the situation out of which the anxiety (or the symptoms accompanied by anxiety) arose is subjected to analysis, we can as a rule discover what normal course of psychical events has failed to occur and has been replaced by phenomena of anxiety. To express it in another way, we construct the unconscious process as it would have been if it had not experienced any repression and had proceeded unhindered into consciousness [Pp. 293 f.] This process would have been accompanied by a particular affect, and we now learn to our surprise that this affect accompanying the normal course of events is invariably replaced by anxiety after repression has occurred, no matter what its own quality may be. Thus, when we have a hysterical anxiety-state before us, its unconscious correlate may be an impulse of a similar character—anxiety, shame, embarrassment—or, just as easily, a positive libidinal excitation or a hostile aggressive one, such as rage or anger. Anxiety is therefore the universally

[1] The last four paragraphs are to a large extent a summary of Freud's first paper on anxiety neurosis (1895*b*).]

current coinage for which *any* affective impulse is or can be exchanged if the ideational content attached to it is subjected to repression.[1]

(*c*) We make a third discovery when we come to patients suffering from obsessional actions, who seem in a remarkable way exempt from anxiety. If we try to hinder their carrying out of their obsessional action—their washing or their ceremonial—or if they themselves venture upon an attempt to give up one of their compulsions, they are forced by the most terrible anxiety to yield to the compulsion. We can see that the anxiety was screened by the obsessional action, and that the latter was only performed in order to avoid the anxiety. In an obsessional neurosis, therefore, anxiety which would otherwise inevitably set in is replaced by the formation of a symptom, and if we turn to hysteria we find a similar relation: the result of the process of repression is either a generating of anxiety pure and simple, or anxiety accompanied by the formation of a symptom, or a more complete formation of a symptom without anxiety. It would thus seem not to be wrong in an abstract sense to assert that in general symptoms are only formed to escape an otherwise unavoidable generating of anxiety. If we adopt this view, anxiety is placed, as it were, in the very centre of our interest in the problems of neurosis.

Our observations on anxiety neurosis led us to conclude that the deflection of the libido from its normal employment, which causes the development of anxiety, takes place in the region of somatic processes [p. 403]. Analyses of hysteria and obsessional neurosis yield the additional conclusion that a similar deflection with the same outcome may also be the result of a refusal on the part of the *psychical* agencies. This much, therefore, we know about the origin of neurotic anxiety. It still sounds fairly indefinite; but for the moment I see no path that would lead us further. The second problem we set ourselves—of establishing a connection between neurotic anxiety, which is libido put to an abnormal employment, and realistic anxiety, which corresponds to a reaction to danger—seems even harder to solve. One might suppose that these were two quite disparate

[1] [See the metapsychological paper on 'Repression' (1915*d*), *Standard Ed.*, **14**, 152 ff.]

things; and yet we have no means of distinguishing in our feelings between realistic anxiety and neurotic anxiety.

We finally arrive at the connection we are in search of, if we take as our starting-point the opposition we have so often asserted between the ego and the libido. As we know, the generation of anxiety is the ego's reaction to danger and the signal for taking flight [Cf. p. 395.] If so, it seems plausible to suppose that in neurotic anxiety the ego is making a similar attempt at flight from the demand by its libido, that it is treating this internal danger as though it were an external one. This would therefore fulfil our expectation [p. 401] that where anxiety is shown there is something one is afraid of. But the analogy could be carried further. Just as the attempt at flight from an external danger is replaced by standing firm and the adoption of expedient measures of defence, so too the generation of neurotic anxiety gives place to the formation of symptoms, which results in the anxiety being bound.

The difficulty in understanding now lies elsewhere. The anxiety which signifies a flight of the ego from its libido is after all supposed to be derived from that libido itself. This is obscure and it reminds us not to forget that after all a person's libido is fundamentally something of his and cannot be contrasted with him as something external. It is the topographical dynamics of the generation of anxiety which are still obscure to us: the question of what mental energies are produced in that process and from what mental systems they derive. This is once more a question which I cannot promise to answer, but there are two other tracks which we must not fail to follow and in doing so we shall once more be making use of direct observation and analytic enquiry as a help to our speculations. We will turn to the genesis of anxiety in children and to the source of the neurotic anxiety which is attached to phobias.

Apprehensiveness in children is something very usual, and it seems most difficult to distinguish whether it is neurotic or realistic anxiety. Indeed the value of making the distinction is put in question by the behaviour of children. For on the one hand we are not surprised if a child is frightened of all strangers, or of new situations and things, and we account for this reaction very easily as being due to his weakness and ignorance. Thus

we attribute to children a strong inclination to realistic anxiety and we should regard it as quite an expedient arrangement if this apprehensiveness were an innate heritage in them. Children would merely be repeating in this the behaviour of prehistoric men and of modern primitive peoples who as a result of their ignorance and helplessness are afraid of every novelty and of many familiar things which no longer cause us any anxiety to-day. And it would fit in perfectly with our expectation if children's phobias, in part at least, were the same as those which we may attribute to the primaeval periods of human development.

On the other hand we cannot overlook the fact that not all children are anxious to the same degree, and that precisely children who exhibit a special timidity towards objects and in situations of every kind turn out later to be neurotic. Thus the neurotic disposition betrays itself also by an outspoken tendency to realistic anxiety; apprehensiveness appears to be the primary thing and we reach the conclusion that the reason why children and, later, growing youths and girls are afraid of the height of their libido is because in fact they are afraid of everything. The genesis of anxiety from libido would in this way be denied; and if one examined into the determinants of realistic anxiety, consistency would lead one to the view that consciousness of one's own weakness and helplessness—inferiority, according to Adler's terminology,—if it can be prolonged from childhood into adult life, is the final basis of neuroses.

This sounds so simple and seductive that it has a claim on our attention. It is true that it would involve a displacement of the riddle of the neurotic state. The continued existence of the sense of inferiority—and thus, of what determines anxiety and the formation of symptoms—seems so well assured that what calls for an explanation is rather how, as an exception, what we know as health can come about. But what is revealed by a careful examination of apprehensiveness in children? At the very beginning, what children are afraid of is strange *people*; situations only become important because they include people, and impersonal things do not come into account at all until later. But a child is not afraid of these strangers because he attributes evil intentions to them and compares his weakness with their strength, and accordingly assesses them as dangers

to his existence, safety and freedom from pain. A child who is mistrustful in this way and terrified of the aggressive instinct which dominates the world is a theoretical construction that has quite miscarried. A child is frightened of a strange face because he is adjusted to the sight of a familiar and beloved figure—ultimately of his mother. It is his disappointment and longing that are transformed into anxiety—his libido, in fact, which has become unemployable, which cannot at that time be held in suspense and is discharged as anxiety. And it can scarcely be a matter of chance, either, that in this situation which is the prototype of the anxiety of children there is a repetition of the determinant of the first state of anxiety during the act of birth—namely, separation from the mother.[1]

In children the first phobias relating to situations are those of darkness and solitude. The former of these often persists throughout life; both are involved when a child feels the absence of some loved person who looks after it—its mother, that is to say. While I was in the next room, I heard a child who was afraid of the dark call out: 'Do speak to me, Auntie! I'm frightened!' 'Why, what good would that do? You can't see me.' To this the child replied: 'If someone speaks, it gets lighter.'[2] Thus a *longing* felt in the dark is transformed into a *fear* of the dark. Far from its being the case that neurotic anxiety is only secondary and a special case of realistic anxiety, we see on the contrary that in a small child something that behaves like realistic anxiety shares its essential feature—origin from unemployed libido—with neurotic anxiety. Innately, children seem to have little true realistic anxiety. In all the situations which can later become determinants of phobias (on heights, on narrow bridges over water, on railway journeys, on ships) children exhibit no anxiety; and, to be sure, the greater

[1] [This was Freud's first explicit insistence on the primary importance of separation from the mother as a factor in the origin of anxiety, though it had been suggested above (p. 397) and implied in earlier writings. References to these will be found in the Editor's Introduction to *Inhibitions, Symptoms and Anxiety* (1926*a*), *Standard Ed.*, **20**, 82. In the latter work the matter was discussed at greater length (*ibid.*, 136–8 and 151). It had also been briefly mentioned in *The Ego and the Id* (1923*b*), *ibid.*, **19**, 58.]

[2] [This anecdote had appeared in a slightly different form in a footnote to the third of Freud's *Three Essays* (1905*d*), *Standard Ed.*, **7**, 224 *n*.]

their ignorance the less their anxiety. It would have been a very good thing if they had inherited more of such life-preserving instincts,[1] for that would have greatly facilitated the task of watching over them to prevent their running into one danger after another. The fact is that children, to begin with, overestimate their strength and behave fearlessly because they are ignorant of dangers. They will run along the brink of the water, climb on to the window-sill, play with sharp objects and with fire—in short, do everything that is bound to damage them and to worry those in charge of them. When in the end realistic anxiety is awakened in them, that is wholly the result of education; for they cannot be allowed to make the instructive experiences themselves.

If, then, there are children who come some way to meet this education in anxiety, and who go on to find dangers themselves that they have not been warned against, this is sufficiently explained by the fact that they have a greater amount of innate libidinal need in their constitution or have been prematurely spoiled by libidinal satisfaction. It is not to be wondered at if such children include, too, the later neurotics: as we know, what most facilitates the development of a neurosis is an incapacity to tolerate a considerable damming-up of libido over any great length of time. You will observe that here once more the constitutional factor comes into its rights—and these, indeed, we have never sought to dispute. We are only on our guard against those who in its favour neglect all other claims, and who introduce the constitutional factor at points at which the combined results of observation and analysis show that it does not belong or must take the last place.

Let me sum up what we have learnt from our observations of the apprehensiveness of children. Infantile anxiety has very little to do with realistic anxiety, but, on the other hand, is closely related to the neurotic anxiety of adults. Like the latter, it is derived from unemployed Libido and it replaces the missing love-object by an external object or by a situation.

You will be glad to hear that the analysis of phobias has not much more that is new to teach us. For the same thing happens

[1] [This is one of the extremely few occasions on which Freud uses the word '*Instinkt*' instead of his usual '*Trieb*'.]

with them as with children's anxiety: unemployable libido is being constantly transformed into an apparently realistic anxiety and thus a tiny external danger is introduced to represent the claims of the libido. There is nothing to be wondered at in this agreement [between phobias and children's anxiety], for the infantile phobias are not only the prototype of the later ones which we class as 'anxiety hysteria' but are actually their precondition and the prelude to them. Every hysterical phobia goes back to an infantile anxiety and is a continuation of it, even if it has a different content and must thus be given another name. The difference between the two disorders lies in their mechanism. In order that libido shall be changed into anxiety, it no longer suffices in the case of adults for the Libido to have become momentarily unemployable in the form of a longing. Adults have long since learnt how to hold such libido in suspense or to employ it in some other way. If, however, the Libido belongs to a psychical impulse which has been subjected to repression, then circumstances are re-established similar to those in the case of a child in whom there is still no distinction between conscious and unconscious; and by means of regression to the infantile phobia a passage is opened, as it were, through which the transformation of Libido into anxiety can be comfortably accomplished.

As you will recall, we have dealt with repression at great length,[1] but in doing so we have always followed the vicissitudes only of the idea that is to be repressed — naturally, since this was easier to recognize and describe. We have always left on one side the question of what happens to the affect that was attached to the repressed idea, and it is only now that we learn [p. 403] that the immediate vicissitude of that affect is to be transformed into anxiety, whatever quality it may have exhibited apart from this in the normal course of events. This transformation of affect is, however, by far the more important part of the process of repression. It is not so easy to speak of this, since we cannot assert the existence of unconscious affects in the same sense as that of unconscious ideas.[2] An idea remains

[1] [In Lecture XIX.]

[2] [For more information on what follows, see the third section of the metapsychological paper on 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 177-8, and *The Ego and the Id* (1923*b*), ibid., **19**, 22-3.]

the same, except for the one difference, whether it is conscious or unconscious; we can state what it is that corresponds to an unconscious idea. But an affect is a process of discharge and must be judged quite differently from an idea; what corresponds to it in the unconscious cannot be declared without deeper reflection and a clarification of our hypotheses about psychical processes. And that we cannot undertake here. We will, however, emphasize the impression we have now gained that the generation of anxiety is intimately linked to the system of the unconscious.

I have said that transformation into anxiety—it would be better to say discharge in the form of anxiety—is the immediate vicissitude of libido which is subjected to repression. I must add that that vicissitude is not the only or the definitive one. In the neuroses processes are in action which endeavour to bind this generating of anxiety and which even succeed in doing so in various ways. In phobias, for instance, two phases of the neurotic process can be clearly distinguished. The first is concerned with repression and the changing of libido into anxiety, which is then bound to an external danger. The second consists in the erection of all the precautions and guarantees by means of which any contact can be avoided with this danger, treated as it is like an external thing. Repression corresponds to an attempt at flight by the ego from libido which is felt as a danger. A phobia may be compared to an entrenchment against an external danger which now represents the dreaded libido. The weakness of the defensive system in phobias lies, of course, in the fact that the fortress which has been so greatly strengthened towards the outside remains assailable from within. A projection outwards of the danger of libido can never succeed thoroughly.[1] For that reason, in other neuroses other systems of defence are in use against the possible generation of anxiety. That is a most interesting part of the psychology of the neuroses; but unluckily it would lead us too far and it presupposes a deeper specialized knowledge. I will only add one thing more. I have already spoken to you [p. 360] of the 'anticathexis' which is employed by the ego in the process of repression and

[1] [More technical accounts of the structure of phobias will be found in 'Repression' (1915*d*), *Standard Ed.*, **14**, 155, and 'The Unconscious' (1915*e*), ibid., 182–4.]

which must be permanently maintained in order that the repression may have stability. This anticathexis has the task of carrying through the various forms of defence against the generating of anxiety after repression.

Let us return to the phobias. I can safely say that you now see how inadequate it is merely to seek to explain their content, to take no interest in anything but how it comes about that this or that object or some particular situation or other has been made into the object of the phobia. The content of a phobia has just about as much importance in relation to it as the manifest façade of a dream has in relation to the dream. It must be admitted, subject to the necessary qualifications, that among the contents of phobias there are a number which, as Stanley Hall [1914, see p. 398] insists, are adapted to serve as objects of anxiety owing to phylogenetic inheritance. It tallies with this, indeed, that many of these anxiety-objects can only establish their connection with danger by a symbolic tie.

We thus find ourselves convinced that the problem of anxiety occupies a place in the question of the psychology of the neuroses which may rightly be described as central. We have received a strong impression of the way in which the generation of anxiety is linked to the vicissitudes of the libido and the system of the unconscious. There is only a single point that we have found disconnected — a gap in our views: the single, yet scarcely disputable, fact that realistic anxiety must be regarded as a manifestation of the ego's self-preservative instincts.[1]

[1] [This difficulty is met at the end of the next lecture, p. 430.]

LECTURE XXVI

THE LIBIDO THEORY AND NARCISSISM

LADIES AND GENTLEMEN, We have repeatedly (and only recently once again [p. 350]) had to deal with the distinction between the ego-instincts and the sexual instincts. In the first place, repression showed us that the two can come into opposition to each other, that the sexual instincts are then ostensibly subdued and are obliged to find satisfaction for themselves along regressive and roundabout paths, and that in doing so they are able to find compensation for their defeat in their indomitability. We next learnt that the two kinds of instincts are from the first differently related to Necessity the educator [p. 355], so that their course of development is not the same and they do not enter into the same connection with the reality principle. Lastly, we seem to have found that the sexual instincts are linked by much closer bonds than the ego-instincts to the affective state of anxiety — a conclusion which seems incomplete in only one important respect. In order to establish it more firmly, therefore, I will bring forward the further noteworthy fact that if hunger and thirst (the two most elementary self-preservative instincts) are unsatisfied, the result is never their transformation into anxiety, whereas the changing of unsatisfied libido into anxiety is, as we have seen, among the best known and most frequently observed of phenomena.

Our right to separate the ego-instincts from the sexual ones cannot, no doubt, be shaken: it is implied in the existence of sexual life as a distinct activity of the individual. The only question is what importance we attribute to this separation, how deep-going we wish to consider it. The answer to this question, however, will be guided by how far we are able to establish the extent to which the sexual instincts behave differently in their somatic and mental manifestations from the others which we are contrasting with them, and how important the consequences are which arise from those differences. Moreover,

we have, of course, no motive for asserting an essential difference between the two groups of instincts which is not plainly appreciable. Both of them come before us merely as designations of sources of energy in the individual, and the discussion as to whether they are fundamentally one or essentially different and as to when, if they are one, they became separate from each other—this discussion cannot be conducted on the basis of the connotation of the terms but must keep to the biological facts lying behind them. At the moment we know too little about these, and even if we knew more it would have no relevance for our analytic task.

It is obvious, too, that we shall profit very little if, following Jung's example, we insist upon the original unity of all the instincts and give the name of 'libido' to the energy manifested in all of them. Since no device whatever will make it possible to eliminate the sexual function from mental life, we shall in that case find ourselves obliged to speak of sexual and asexual libido. But the name of libido is properly reserved for the instinctual forces of sexual life, as has hitherto been our practice.

In my opinion, therefore, the question of how far we are to carry the undoubtedly justifiable separation between the sexual and self-preservative instincts is not of much importance for psycho-analysis. Nor is psycho-analysis competent to answer the question. Biology, however, offers a number of suggestive possibilities which speak in favour of the distinction having some importance. Sexuality is, indeed, the single function of the living organism which extends beyond the individual and is concerned with his relation to the species. It is an unmistakable fact that it does not always, like the individual organism's other functions, bring it advantages, but, in return for an unusually high degree of pleasure, brings dangers which threaten the individual's life and often enough destroy it. It is probable, too, that quite special metabolic processes are necessary, differing from all others, in order to maintain a portion of the individual life as a disposition for its descendants. And finally, the individual organism, which regards itself as the main thing and its sexuality as a means, like any other, for its own satisfaction, is from the point of view of biology only an episode in a succession of generations, a short-lived appendage to a germ-plasm

endowed with virtual immortality—like the temporary holder of an entail which will outlast him.[1]

The psycho-analytic explanation of the neuroses does not, however, call for such far-ranging considerations. The separate following up of the sexual and ego-instincts has helped us to find the key to an understanding of the group of transference neuroses. We have been able to trace them back to the basic situation in which the sexual instincts have come into a dispute with the self-preservative instincts, or, to put it in biological (though less precise) terms, a situation in which one aspect of the ego, as an independent individual organism, comes into conflict with its other aspect, as a member of a succession of generations. A dissension of this kind may perhaps only occur in human beings, and on that account neurosis may, generally speaking, constitute their prerogative over the animals. The excessive development of their libido and what is perhaps made possible precisely by that—their development of a richly articulated mental life seem to have created the determinants for the occurrence of such a conflict. It is at once obvious that these are also the determinants for the great advances that human beings have made beyond what they have in common with the animals; so that their susceptibility to neurosis would only be the reverse side of their other endowments. But these too are only speculations, which are diverting us from our immediate task.

Hitherto it has been a premiss of our work that we can distinguish the ego-instincts from the sexual ones by their manifestations. With the transference neuroses this could be done without difficulty. We termed the cathexes of energy which the ego directs towards the objects of its sexual desires 'libido', all the others, which are sent out by the self preservative instincts, we termed 'interest'.[2] By tracing the course of the

[1] [Freud developed this biological argument further in *Beyond the Pleasure Principle* (1920g), particularly in Chapter VI.]

[2] [The term 'ego-interest', sometimes in the alternative forms of 'egoistic interest' or simply 'interest', occurs frequently in this lecture. Freud had first used the term in his paper on narcissism (1914c). *Standard Ed.*, **14**, 82, and it also appears several times in the metapsychological papers of 1915. The term is used regularly in those passages (as it is in the present one) to distinguish self-preservative forces

libidinal cathexes, their transformations and final vicissitudes, we were able to obtain a first insight into the machinery of the mental forces. For this purpose the transference neuroses offered us the most favourable material. But the ego, its composition out of various organizations and their construction and mode of functioning, remained hidden from us; and we were driven to suspect that only the analysis of other neurotic disorders would be able to bring us the necessary insight.

We began at an early date to extend psycho-analytic observations to these other illnesses. Already in 1908 Karl Abraham, after an exchange of thoughts with me, pronounced the main characteristic of dementia praecox (which was reckoned among the psychoses) to be that *in it the libidinal cathexis of objects was lacking*. But the question then arose of what happened to the libido of dementia praecox patients which was turned away from objects. Abraham did not hesitate to give the answer: it is turned back on to the ego and *this reflexive turning-back is the source of the megalomania* in dementia praecox. Megalomania is in every way comparable to the familiar sexual overvaluation of the object in [normal] erotic life.[1] In this way for the first time we learnt to understand a trait in a psychotic illness by relating it to normal erotic life.

I may tell you at once that these first explanations of Abraham's have been accepted in psycho-analysis and have become the basis of our attitude to the psychoses. We thus slowly became familiar with the notion that the libido, which we find attached to objects and which is the expression of an effort to obtain satisfaction in connection with those objects,

from the libido. The introduction of the concept of narcissism made this distinction less clear-cut, but it is evident that all through this lecture (see, in particular, its last paragraph) Freud was at pains to keep ego-libido (or narcissistic libido) separate from ego-interest (or the self-preservative instinct). Not long afterwards, however, he abandoned this attempt and declared (in *Beyond the Pleasure Principle* (1920g), *Standard Ed.*, **18**, 52) that narcissistic libido 'had necessarily to be identified with the "self-preservative instinct" '. He continued to believe, nevertheless, that there were object-instincts other than libidinal ones—namely those which he described as destructive or death instincts. But after the present work the term 'interest' ceased to appear. A fuller account of this is given in the Editor's Note to 'Instincts and their Vicissitudes', *ibid.*, **14**, 113 ff.]

[1] [This is discussed in the first of Freud's *Three Essays* (1905d), *Standard Ed.*, **7**, 150 ff.]

can also leave the objects and set the subject's own ego in their place; and this notion was gradually built up more and more consistently. The name for this way of allocating the libido—'narcissism'—was borrowed by us from a perversion described by Paul Näcke [1899] in which an adult treats his own body with all the caresses that are usually devoted to an outside sexual object.[1]

Reflection will quickly suggest that if any such fixation of the libido to the subject's own body and personality instead of to an object does occur, it cannot be an exceptional or a trivial event. On the contrary it is probable that this narcissism is the universal and original state of things, from which object-love is only later developed, without the narcissism necessarily disappearing on that account. Indeed we had to recall from the history of the development of object-libido that many sexual instincts begin by finding satisfaction in the subject's own body —*auto-erotically*, as we say [p. 314] —and that this capacity for auto-erotism is the basis of the lagging-behind of sexuality in the process of education in the reality principle [p. 355]. Auto-erotism would thus be the sexual activity of the narcissistic stage of allocation of the libido.

To put the matter shortly, we pictured the relation of ego-libido to object-libido in a way which I can make plain to you by an analogy from zoology. Think of those simplest of living organisms [the amoebas] which consist of a little-differentiated globule of protoplasmic substance. They put out protrusions, known as pseudopodia, into which they cause the substance of their body to flow over. They are able, however, to withdraw the protrusions once more and form themselves again into a globule. We compare the putting-out of these protrusions, then, to the emission of libido on to objects while the main mass of libido can remain in the ego; and we suppose that in normal circumstances ego-libido can be transformed unhindered into object-libido and that this can once more be taken back into the ego.[2]

[1] [The term is in part due to Havelock Ellis. See a full discussion in an Editor's footnote to Freud's paper on narcissism (1914*c*), *Standard Ed.*, **14**, 73 *n.*, which is Freud's main exposition of the whole subject.]

[2] [Some discussion of this analogy will be found in the Editor's Appendix B to *The Ego and the Id* (1923*b*), *Standard Ed.*, **19**, 63 ff.]

With the help of these ideas we are now able to explain a whole number of mental states or, to express it more modestly, to describe them in terms of the libido theory — states which we must reckon as belonging to normal life, such as the psychical behaviour of a person in love, during an organic illness or when asleep. As regards the state of sleep, we assumed that it was based on turning-away from the external world and adopting a wish to sleep [p. 88]. The mental activity during the night which is manifested in dreams takes place, we found, in obedience to a wish to sleep and is moreover dominated by purely egoistic motives [p. 142].We may now add, on the lines of the libido theory, that sleep is a state in which all object-cathexes, libidinal as well as egoistic, are given up and withdrawn into the ego. May not this throw a fresh light on the recuperating effect of sleep and on the nature of fatigue in general? The picture of the blissful isolation of intra-uterine life which a sleeper conjures up once more before us every night is in this way completed on its psychical side as well. In a sleeper the primal state of distribution of the libido is restored — total narcissism, in which libido and ego-interest, still united and indistinguishable, dwell in the self-sufficing ego.

This is the place for two remarks. First, how do we differentiate between the concepts of narcissism and egoism? Well, narcissism, I believe, is the libidinal complement to egoism. When we speak of egoism, we have in view only the individual's *advantage*; when we talk of narcissism we are also taking his libidinal satisfaction into account. As practical motives the two can be traced separately for quite a distance. It is possible to be absolutely egoistic and yet maintain powerful object-cathexes, in so far as libidinal satisfaction in relation to the object forms part of the ego's needs. In that case, egoism will see to it that striving for the object involves no damage to the ego. It is possible to be egoistic and at the same time to be excessively narcissistic — that is to say, to have very little need for an object, whether, once more, for the purpose of direct sexual satisfaction, or in connection with the higher aspirations, derived from sexual need, which we are occasionally in the habit of contrasting with 'sensuality' under the name of 'love'. In all these connections egoism is what is self-evident and

constant, while narcissism is the variable element. The opposite to egoism, *altruism*, does not, as a concept, coincide with libidinal object-cathexis, but is distinguished from it by the absence of longings for sexual satisfaction. When someone is completely in love, however, altruism converges with libidinal object-cathexis. As a rule the sexual object attracts a portion of the ego's narcissism to itself, and this becomes noticeable as what is known as the 'sexual overvaluation' of the object. [See above, p. 415.] If in addition there is an altruistic transposition of egoism on to the sexual object, the object becomes supremely powerful; it has, as it were, absorbed the ego.

You will find it refreshing, I believe, if, after what is the essentially dry imagery of science, I present you with a poetic representation of the economic[1] contrast between narcissism and being in love. Here is a quotation from Goethe's *West-östlicher Diwan*:[2]

ZULEIKA

The slave, the lord of victories,
The crowd, when'er you ask, confess
In sense of personal being lies
A child of earth's chief happiness.

There's not a life we need refuse
If our true self we do not miss,
There's not a thing we may not lose
If one remain the man one is.

HATEM

So it is held, so well may be;
But down a different track I come;
Of all the bliss earth holds for me
I in Zuleika find the sum.

Does she expend her being on me,
Myself grows to myself of cost;
Turns she away, then instantly
I to my very self am lost.

[1] [I.e. the quantitative factor in the energies concerned. See p. 374 above.]

[2] [The translation is from Ernest Dowden, *West Eastern Diwan*, 1914. The word 'diwan' in its original Persian sense, which was adopted by Goethe, meant 'a collection of poems'.]

That day with Hatem all were over;
And yet I should but change my state;
Swift, should she grace some happy lover,
In him I were incorporate.

My second remark is a supplement to the theory of dreams. We cannot explain the origin of dreams unless we adopt the hypothesis that the repressed unconscious has achieved some degree of independence of the ego, so that it does not acquiesce in the wish to sleep and retains its cathexes even when all the object-cathexes depending on the ego have been withdrawn in order to encourage sleep. Only if that is so can we understand how the unconscious can make use of the lifting or reduction of the censorship which occurs at night, and can succeed in obtaining control over the day's residues so as to construct a forbidden dream-wish out of their material. On the other hand, it may be that these day's residues have to thank an already existing connection with the repressed unconscious for some of their resistance to the withdrawal of libido commanded by the wish to sleep. We will, then, insert this dynamically important feature into our view of the formation of dreams by way of supplement.[1]

Organic illness, painful stimulation or inflammation of an organ, creates a condition which clearly results in a detachment of the libido from its objects. The libido which is withdrawn is found in the ego once more, as an increased cathexis of the diseased part of the body. One may venture to assert, indeed, that the withdrawal of the libido from its objects in these circumstances is more striking than the diversion of egoistic interest from the external world. This seems to offer us a path to an understanding of hypochondria, in which an organ excites the ego's attention in the same way, without being ill so far as we can perceive.

But I shall resist the temptation of going further here or of discussing other situations which can be understood or pictured if we adopt the hypothesis that the object-libido may withdraw into the ego— for I am obliged to meet two objections which, as I know, are now attracting your attention. In the first place

[1] [This had been discussed by Freud at greater length in his 'Metapsychological Supplement to the Theory of Dreams' 1917*d* [1915], *Standard Ed.*, **14**, 224 ff.]

you want to call me to account because in talking of sleep, illness and similar situations I invariably try to separate libido from interest, sexual from ego-instincts, where observations can be fully satisfied by the hypothesis of a single and uniform energy which, being freely mobile, cathects now the object and now the ego, in obedience to one or the other instinct. And in the second place you want to know how I can venture to treat the detaching of the libido from the object as the source of a pathological state, when a transposition of this kind of object-libido into ego-libido (or, more generally, into ego-energy) is among the normal processes of mental dynamics which are repeated daily and every night.

Here is my reply. Your first objection sounds well enough. Consideration of the states of sleep, of illness and of being in love in themselves would probably never have led us to distinguish an ego-libido from an object-libido or libido from interest. But there you are neglecting the investigations from which we started and in the light of which we now look at the mental situations under discussion. The differentiation between libido and interest—that is to say, between the sexual and the self-preservative instincts—was forced upon us by our discovery of the conflict out of which the transference neuroses arise. Since then we cannot give it up. The hypothesis that object-libido can be transformed into ego-libido, that we must therefore take an ego-libido into account, seems to us the only one which is able to resolve the enigma of what are termed the narcissistic neuroses—dementia praecox, for instance—and to account for the resemblances and dissimilarities between them and hysteria or obsessions. We are now applying to illness, sleep and being in love what we have elsewhere found inescapably established. We should proceed further with applications of this kind and see where they will take us to. The only thesis which is not an immediate precipitate of our analytic experience is to the effect that libido remains libido, whether it is directed to objects or to one's own ego, and never turns into egoistic interest, and the converse is also true. This thesis, however, is equivalent to the separation between the sexual and ego-instincts which we have already considered critically and to which we shall continue to hold for heuristic reasons until its possible collapse.

Your second observation, too, raises a justifiable question,

but it is aimed in the wrong direction. It is true that a withdrawal of the object-libido into the ego is not directly pathogenic, it takes place, indeed, as we know, every time before we go to sleep, only to be reversed when we wake up. The amoeba withdraws its protrusions only to send them out again at the first opportunity. But it is quite a different thing when a particular, very energetic process forces a withdrawal of libido from objects. Here the libido that has become narcissistic cannot find its way back to objects, and this interference with the libido's mobility certainly becomes pathogenic. It seems that an accumulation of narcissistic libido beyond a certain amount is not tolerated. We may even imagine that it was for that very reason that object-cathexes originally came about, that the ego was obliged to send out its libido so as not to fall ill as a result of its being dammed up. If it lay within our plan to go more deeply into dementia praecox, I would show you that the process which detaches the libido from objects and cuts off its return to them is closely related to the process of repression and is to be looked at as its counterpart. But you would, first and foremost, find yourselves on familiar ground when you learnt that the determinants of this process are almost identical -so far as we know at present—with those of repression. The conflict seems to be the same and to be carried on between the same forces. If the outcome is so different from, for instance, that in hysteria, the reason can only depend on a difference in innate disposition. The weak spot in the libidinal development of these patients lies in a different phase; the determining fixation, which, as you will recollect [p. 346], permits the irruption that leads to the formation of symptoms, lies elsewhere, probably in the stage of primitive narcissism to which dementia praecox returns in its final outcome. It is very remarkable that in the case of all the narcissistic neuroses we have to assume fixation points for the libido going back to far earlier phases of development than in hysteria or obsessional neurosis. As you heard, however, the concepts which we arrived at during our study of the transference neuroses are adequate in helping us to find our way about in the narcissistic neuroses which are so much more severe in practice. The conformities go very far, at bottom the field of phenomena is the same. And you can imagine how small a prospect anyone has of explaining

these disorders (which belong within the sphere of psychiatry) who is not forearmed for his task with an analytic knowledge of the transference neuroses.

The clinical picture of dementia praecox (which, incidentally, is very changeable) is not determined exclusively by the symptoms arising from the forcing away of the libido from objects and its accumulation in the ego as narcissistic libido. A large part, rather, is played by other phenomena, which are derived from efforts of the libido to attain objects once more and which thus correspond to an attempt at restitution or recovery. These latter symptoms are indeed the more striking and noisy; they exhibit an undeniable resemblance to those of hysteria or, less frequently, of obsessional neurosis, but nevertheless differ from them in every respect. It seems as though in dementia praecox the libido, in its efforts once more to reach objects (that is, the presentations of objects), does in fact snatch hold of something of them, but, as it were, only their shadows—I mean the word-presentations belonging to them. I cannot say more about this now, but I believe that this behaviour of the libido as it strives to find its way back has enabled us to obtain an insight into what really constitutes the difference between a conscious and an unconscious idea.[1]

I have now led you into the region in which the next advances in the work of analysis are to be expected [p. 379]. Since we have ventured to operate with the concept of ego-libido the narcissistic neuroses have become accessible to us; the task before us is to arrive at a dynamic elucidation of these disorders and at the same time to complete our knowledge of mental life by coming to understand the ego. The ego-psychology after which we are seeking must not be based on the data of our self-perceptions but (as in the case of the libido) on the analysis of disturbances and disruptions of the ego. It is likely that we shall have a low opinion of our present knowledge of the vicissitudes

[1] [The view that some of the symptoms in the psychoses represent attempts at recovery was first expressed by Freud in his Schreber analysis (1911*c*), *Standard Ed.*, **12**, 71, where an Editor's footnote gives a number of further references. The point, only hinted at here, as to the basic distinction between conscious and unconscious ideas, had been discussed at length in Section VII of the metapsychological paper on the unconscious (1915*e*), ibid., **14**, 201 ff.]

of the libido, which we have gained from a study of the transference neuroses, when we have achieved this greater task. But hitherto we have not made much progress with it. The narcissistic neuroses can scarcely be attacked with the technique that has served us with the transference neuroses. You will soon learn why. [Cf. p. 447 below.] What always happens with them is that, after proceeding for a short distance, we come up against a wall which brings us to a stop. Even with the transference neuroses, as you know, we met with barriers of resistance, but we were able to demolish them bit by bit. In the narcissistic neuroses the resistance is unconquerable; at the most, we are able to cast an inquisitive glance over the top of the wall and spy out what is going on on the other side of it. Our technical methods must accordingly be replaced by others; and we do not know yet whether we shall succeed in finding a substitute. Nevertheless, we have no lack of material with these patients either. They make a large number of remarks, even if they do not answer our questions, and for the time being it is our business to interpret these remarks with the help of the understanding we have gained from the symptoms of the transference neuroses. The agreement is great enough to guarantee us some initial advantage. It remains to be seen how far this technique will take us.

There are difficulties in addition which hold up our advance. The narcissistic disorders and the psychoses related to them can only be deciphered by observers who have been trained through the analytic study of the transference neuroses. But our psychiatrists are not students of psycho-analysis and we psycho-analysts see too few psychiatric cases. A race of psychiatrists must first grow up who have passed through the school of psycho-analysis as a preparatory science. A start in that direction is now being made in America, where very many leading psychiatrists lecture to students on the theories of psycho-analysis and where the proprietors of institutions and the directors of insane asylums endeavour to observe their patients in conformity with those theories. Nevertheless we too, over here, have succeeded sometimes in casting a glance over the narcissistic wall, and in what follows I shall tell you a little of what we think we have detected.

The form of disease known as paranoia, chronic systematic insanity, occupies an unsettled position in the attempts at

classification made by present-day psychiatry. There is, however, no doubt of its close affinity to dementia praecox. I once ventured to suggest that paranoia and dementia praecox should be brought together under the common designation of 'paraphrenia'.[1] The forms of paranoia are described according to their content as megalomania, persecution mania, erotomania, delusions of jealousy, and so on. We shall not expect anything much in the way of an attempt at an explanation from psychiatry. Here is an example of one, though, it is true, one that is out of date and does not carry much weight—an attempt to derive one symptom from another by means of an intellectual rationalization: it is suggested that the patient, who, owing to a primary disposition, believes that he is being persecuted, infers from his persecution that he must be someone of quite particular importance and so develops megalomania. According to our analytic view the megalomania is the direct result of a magnification of the ego due to the drawing in of the libidinal object-cathexes—a secondary narcissism which is a return of the original early infantile one. We have, however, made a few observations of persecution mania which have induced us to follow a particular track. The first thing that struck us was that in the large majority of cases the persecutor was of the same sex as the persecuted patient. This was still open to an innocent explanation, but in a few cases that were thoroughly studied it was clear that the person of the same sex whom the patient loved most had, since his illness, been turned into his persecutor. This made a further development possible: namely, the replacement of the beloved person, along the line of familiar resemblances, by someone else—for instance, a father by a schoolmaster or by some superior. Experiences of this kind in ever increasing numbers led us to conclude that *paranoia persecutoria* is the form of the disease in which a person is defending himself against a homosexual impulse which has become too powerful.[2] The change over from affection to hatred, which, it is well known, may become a serious threat to the life of the loved and

[1] [Some comments on Freud's use of this term will be found in a footnote to his first introduction of it in the last section of the Schreber analysis (1911*c*), *Standard Ed.*, **12**, 76.]

[2] [Cf. the third section of Freud's Schreber analysis (1911*c*), *Standard Ed.*, **12**, 59 ff.]

hated object, corresponds in such cases to the transformation of libidinal impulses into anxiety which is a regular outcome of the process of repression. Listen, for instance, to what is, once again, the most recent instance of my observations in this connection.

A young doctor had to be expelled from the town in which he lived because he had threatened the life of the son of a university professor residing there, who had up till then been his greatest friend. He attributed really fiendish intentions and demonic power to this former friend, whom he regarded as responsible for all the misfortunes that had befallen his family in recent years, for every piece of ill-luck whether in his home or in his social life. But that was not all. He believed that this bad friend and the friend's father, the Professor, had caused the war, too, and brought the Russians into the country. His friend had forfeited his life a thousand times, and our patient was convinced that the criminal's death would put an end to every evil. Yet his affection for him was still so strong that it had paralysed his hand when, on one occasion, he had an opportunity of shooting down his enemy at close range. In the course of the short conversations I had with the patient, it came to light that their friendship went back far into their schooldays. Once at least it had overstepped the bounds of friendship, a night which they had spent together had been an occasion for complete sexual intercourse. Our patient had never acquired the emotional relation to women which would have corresponded to his age and his attractive personality. He had once been engaged to a beautiful young girl of good social position; but she had broken off the engagement because she found that her *fiancé* was without any affection. Years later, his illness broke out just at the moment when he had succeeded for the first time in satisfying a woman completely. When this woman embraced him in gratitude and devotion, he suddenly had a mysterious pain that went round the top of his head like a sharp cut. Later on he interpreted this sensation as though an incision were being made at an autopsy for exposing the brain. And as his friend had become a pathological anatomist, it slowly dawned on him that he alone could have sent this last woman to him to seduce him. From that point onwards his eyes were opened to the other persecutions to which he believed he

had been made a victim by the machinations of his one-time friend.

But what about the cases in which the persecutor is not of the same sex as the patient and which appear, therefore, to contradict our explanation of their being a defence against homosexual libido? A little time ago I had an opportunity of examining such a case and was able to derive a confirmation from the apparent contradiction. A girl, who believed she was being persecuted by a man with whom she had had affectionate assignations on two occasions, had in fact first had a delusion that was directed against a woman who could be looked on as a substitute for her mother. It was only after her second assignation that she took the step of detaching the delusion from the woman and transferring it to the man. To begin with, therefore, the precondition of the persecutor being of the same sex as the patient was fulfilled in this case too. In making a complaint to a lawyer and to a doctor, the patient made no mention of this preliminary stage of her delusion and thus gave rise to an appearance of there being a contradiction of our explanation of paranoia.[1]

Homosexual object-choice originally lies closer to narcissism than does the heterosexual kind. When it is a question, therefore, of repelling an undesirably strong homosexual impulse, the path back to narcissism is made particularly easy. Hitherto I have had very little opportunity of talking to you about the foundations of erotic life so far as we have discovered them, and it is too late now to catch up on the omission. This much, however, I can emphasize to you. Object-choice, the step forward in the development of the libido which is made after the narcissistic stage, can take place according to two different types: either according to the *narcissistic type*, where the subject's own ego is replaced by another one that is as similar as possible, or according to the *attachment type*,[2] where people who have become precious through satisfying the other vital needs are chosen as objects by the libido as well. A strong libidinal

[1] [The case had been reported in full by Freud not long before (1915*f*), *Standard Ed.*, **14**, 263 ff.]

[2] ['*Anlehnungstypus*.' This has sometimes been translated '*anaclitic type*'. This is fully discussed in the second section of Freud's paper on narcissism (1914*c*), *Standard Ed.*, **14**, 87 ff. Cf. above, p. 329.]

fixation to the narcissistic type of object-choice is to be included in the predisposition to manifest homosexuality.

You will recall that at our first meeting of the present academic year I described a case to you of a woman suffering from delusions of jealousy [p. 248]. Now that we are so near its end you would no doubt like to hear how delusions are explained by psycho-analysis. But I have less to tell you about that than you expect. The fact that a delusion cannot be shaken by logical arguments or real experiences is explained in the same way as in the case of an obsession — by its relation to the unconscious, which is represented and held down by the delusion or by the obsession. The difference between the two is based on the difference between the topography and dynamics of the two illnesses.

As with paranoia, so also with melancholia (of which, incidentally, many different clinical forms have been described) we have found a point at which it has become possible to obtain some insight into the internal structure of the disease. We have discovered that the self-reproaches, with which these melancholic patients torment themselves in the most merciless fashion, in fact apply to another person, the sexual object which they have lost or which has become valueless to them through its own fault. From this we can conclude that the melancholic has, it is true, withdrawn his libido from the object, but that, by a process which we must call 'narcissistic identification', the object has been set up in the ego itself, has been, as it were, projected on to the ego. (Here I can only give you a pictorial description and not an ordered account on topographical and dynamic lines.[1]) The subject's own ego is then treated like the object that has been abandoned, and it is subjected to all the acts of aggression and expressions of vengefulness which have been aimed at the object. A melancholic's propensity to suicide is also made more intelligible if we consider that the patient's embittered torment strikes with a single blow at his own ego and at the loved and hated object. In melancholia, as well as in other narcissistic disorders, a particular trait in the patient's emotional life emerges with peculiar emphasis — what, since Bleuler, we have been accustomed to describe as 'ambivalence'. By this

[1] [A full account is given in 'Mourning and Melancholia' (1917 [1915]).]

we mean the direction towards the same person of contrary—affectionate and hostile feelings.[1] Unluckily I have been unable in the course of these lectures to tell you more about this emotional ambivalence. [Cf. p. 443.]

In addition to narcissistic identification, there is a hysterical kind, which has been familiar to us very much longer.[2] I wish it were possible to illustrate for you the differences between the two forms by a few clear specifications. There is something I can tell you about the periodic and cyclical forms of melancholia which I am sure you will be glad to hear. For in favourable circumstances—I have experienced this twice—it is possible by analytic treatment in the lucid intervals to prevent the return of the condition in the same or the opposite emotional mood. We learn from such cases that in melancholia and mania we are concerned once more with a special method of dealing with a conflict whose underlying determinants agree precisely with those of the other neuroses. You can imagine how much more there is for psycho-analysis to learn in this field of knowledge.

I told you too [p. 415] that we hoped that the analysis of the narcissistic disorders would give us an insight into the way in which our ego is put together and built up out of different agencies. We have already made a start with this at one point.[3] From the analysis of delusions of observation we have drawn the conclusion that there actually exists in the ego an agency which unceasingly observes, criticizes and compares, and in that way sets itself over against the other part of the ego. We believe, therefore, that the patient is betraying a truth to us which is not yet sufficiently appreciated when he complains that he is spied upon and observed at every step he takes and that every one of his thoughts is reported and criticized. His

[1] [Some discussion of Freud's use of the term will be found in an Editor's footnote to 'Instincts and their Vicissitudes' (1915c), *Standard Ed.*, **14**, 131.]

[2] [An early account of this occurs in *The Interpretation of Dreams* (1900a), *Standard Ed.*, **4**, 149–51. The distinction between the two kinds of identification is explained in 'Mourning and Melancholia', ibid., **14**, 250 f.]

[3] [For what follows see the third section of 'On Narcissism' (1914c), *Standard Ed.*, **14**, 95 ff. The later development of these ideas is discussed in the Editor's Introduction to *The Ego and the Id* (1923b), *Standard Ed.*, **19**, 8–10.]

only mistake is in regarding this uncomfortable power as something alien to him and placing it outside himself. He senses an agency holding sway in his ego which measures his actual ego and each of its activities by an *ideal ego* that he has created for himself in the course of his development. We believe, too, that this creation was made with the intention of re-establishing the self-satisfaction which was attached to primary infantile narcissism but which since then has suffered so many disturbances and mortifications. We know the self-observing agency as the ego-censor,[1] the conscience, it is this that exercises the dream-censorship during the night, from which the repressions of inadmissible wilful impulses proceed. When in delusions of observation it becomes split up, it reveals to us its origin from the influences of parents, educators and social environment—from an identification with some of these model figures.

These are a few of the findings which have hitherto been reached from the application of psycho-analysis to the narcissistic disorders. No doubt there are not yet enough of them and they still lack the precision which can only be attained from established familiarity with a new field. We owe all of them to a use of the concept of ego-libido or narcissistic libido, by whose help we can extend to the narcissistic neuroses the views which have proved their value with the transference neuroses. Now, however, you will ask whether it is possible that we shall succeed in subsuming all the disturbances of the narcissistic illnesses and of the psychoses under the libido theory, whether we look upon the libidinal factor in mental life as universally guilty of the causation of illness, and need never attribute the responsibility for it to changes in the functioning of the self-preservative instinct. Well, Ladies and Gentlemen, this question seems to me to call for no urgent reply, and, above all, not to be ripe for judgement. We can confidently leave it over in expectation of the progress of our scientific work. I should not be surprised if it turned out that the power to produce pathogenic

[1] [The German form used here is the personal '*Zensor*' in contrast to the impersonal '*Zensur*' in the next part of the sentence, which is the form almost invariably adopted by Freud. Other instances of this very exceptional form occur in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 5, 568, n. 2, in the paper on narcissism (1914*c*), ibid., 14, 97, and in the *New Introductory Lectures* (1933*a*), ibid., 22, 17.]

effects was in fact a prerogative of the libidinal instincts, so that the libido theory could celebrate its triumph all along the line from the simplest 'actual' neurosis to the most severe alienation of the personality. We after all know that it is a characteristic feature of the libido that it struggles against submitting to the reality of the universe—to Ananke [p. 355]. But I regard it as extremely probable that the ego-instincts are carried along secondarily by the pathogenic instigation of the libido and forced into functional disturbances. Nor can I think that it would be a disaster to the trend of our researches, if what lies before us is the discovery that in severe psychoses the ego-instincts themselves have gone astray as a primary fact. The future will give the answer—to you, at any rate.

Let me once more, however, return for a moment to anxiety, to throw light on a last obscurity that we left there. I have said [p. 411] that there is something that does not tally with the relation (so thoroughly recognized apart from this) between anxiety and libido: the fact, namely, that realistic anxiety in face of a danger seems to be a manifestation of the self-preservative instinct—which, after all, can scarcely be disputed. How would it be, though, if what was responsible for the affect of anxiety was not the egoistic ego-instincts but the ego-libido? After all, the state of anxiety is in every instance inexpedient, and its inexpedience becomes obvious if it reaches a fairly high pitch. In such cases it interferes with action, whether flight or defence, which alone is expedient and alone serves the cause of self-preservation. If, therefore, we attribute the affective portion of realistic anxiety to ego-libido and the accompanying action to the self-preservative instinct, we shall have got rid of the theoretical difficulty. After all, you do not seriously believe that one runs away because one feels anxiety? No. One feels anxiety and one runs away for a common motive, which is roused by the perception of danger. People who have been through a great mortal danger tell us that they were not at all afraid but merely acted—for instance, that they aimed their rifle at the wild beast—and that is unquestionably what was most expedient.

LECTURE XXVII

TRANSFERENCE[1]

LADIES AND GENTLEMEN,—Since we are now drawing towards the end of our discussions, there is a particular expectation which will be in your minds and which should not be disappointed. You no doubt suppose that I would not have led you through thick and thin of the subject-matter of psycho-analysis only to dismiss you at the end without saying a word about therapy, on which, after all, the possibility of practising psycho-analysis at all is based. The subject, moreover, is one that I cannot withhold from you, since what you learn in connection with it will enable you to make the acquaintance of a new fact in whose absence your understanding of the illnesses investigated by us will remain most markedly incomplete.

You do not, I know, expect me to initiate you into the technique by which analysis for therapeutic ends should be carried out. You only want to know in the most general way the method by which psycho-analytic therapy operates and what, roughly, it accomplishes. And you have an indisputable right to learn this. I shall not, however, tell it you but shall insist on your discovering it for yourselves.

Think it over! You have learnt all that is essential about the determinants of falling ill as well as all the factors that come into effect *after* the patient has fallen ill. Where do these leave room for any therapeutic influence? In the first place there is hereditary disposition. We have not talked about it very often because it is emphatically stressed from other directions and we have

[1] [Freud first broached the idea of transference in his technical contribution to the Breuer and Freud *Studies on Hysteria* (1895*d*), *Standard Ed.*, 2, 301–4. He returned to it in his 'Dora' analysis (1905*e*), ibid., 7, 116–20. But his main discussions of the subject before the present one will be found in his papers on technique—in particular 'The Dynamics of Transference' (1912*b*), which deals with the theoretical side of the phenomenon, while 'Observations on Transference-Love' (1915*a*), is concerned with the technical difficulties raised by the positive transference. Towards the end of his life Freud approached the subject once more in 'Analysis Terminable and Interminable' (1937*c*).]

nothing new to say about it. But do not suppose that we underestimate it; precisely as therapists we come to realize its power clearly enough. In any case we can do nothing to alter it; we too must take it as something given, which sets a limit to our efforts. Next there is the influence of early experiences in childhood, to which we are in the habit of giving prominence in analysis: they belong to the past and we cannot undo them. Then comes everything that we have summarized as 'real frustration'—the misfortunes of life from which arise deprivation of love, poverty, family quarrels, ill-judged choice of a partner in marriage, unfavourable social circumstances, and the strictness of the ethical standards to whose pressure the individual is subject. Here, to be sure, there would be handles enough for a very effective therapy, but it would have to be of the kind which Viennese folklore attributes to the Emperor Joseph[1]—the benevolent interference of a powerful personage before whose will people bow and difficulties vanish. But who are we, that we should be able to adopt benevolence of this kind as an instrument of our therapy? Poor ourselves and socially powerless, and compelled to earn our livelihood from our medical activity, we are not even in a position to extend our efforts to people without means, as other doctors with other methods of treatment are after all able to do. Our therapy is too time-consuming and too laborious for that to be possible. Perhaps, however, you are clutching at one of the factors I have mentioned and believe that there you have found the point at which our influence can make its attack. If the ethical restrictions demanded by society play a part in the deprivation imposed on the patient, treatment can, after all, give him the courage, or perhaps a direct injunction, to disregard those barriers and achieve satisfaction and recovery while forgoing the fulfilment of an ideal that is exalted, but so often not adhered to, by society. The patient will thus become healthy by 'living a full life' sexually. This, it is true, casts a shadow on analytic treatment for not serving general morality. What it has given to the individual it will have taken from the community.

But, Ladies and Gentlemen, who has so seriously misinformed you? A recommendation to the patient to 'live a full life'

[1] [Joseph II, whose unconventional methods of distributing charity were notorious.]

sexually could not possibly play a part in analytic therapy if only because we ourselves have declared that an obstinate conflict is taking place in him between a libidinal impulse and sexual repression, between a sensual and an ascetic trend. This conflict would not be solved by our helping one of these trends to victory over its opponent. We see, indeed, that in neurotics asceticism has the upper hand; and the consequence of this is precisely that the suppressed sexual tendency finds a way out in symptoms. If, on the contrary, we were to secure victory for sensuality, then the sexual repression that had been put on one side would necessarily be replaced by symptoms. Neither of these two alternative decisions could end the internal conflict; in either case one party to it would remain unsatisfied. There are only a few cases in which the conflict is so unstable that a factor such as the doctor's taking sides could decide it; and such cases do not in fact stand in need of analytic treatment. Anyone on whom the doctor could have so much influence would have found the same way out without the doctor. You must be aware that if an abstinent young man decides in favour of illicit sexual intercourse or if an unsatisfied wife seeks relief with another man, they have not as a rule waited for permission from a doctor or even from their analyst.

In this connection people usually overlook the one essential point that the pathogenic conflict in neurotics is not to be confused with a normal struggle between mental impulses both of which are on the same psychological footing. In the former case the dissension is between two powers, one of which has made its way to the stage of what is preconscious or conscious while the other has been held back at the stage of the unconscious. For that reason the conflict cannot be brought to an issue, the disputants can no more come to grips than, in the familiar simile, a polar bear and a whale. A true decision can only be reached when they both meet on the same ground. To make this possible is, I think, the sole task of our therapy.

Moreover, I can assure you that you are misinformed if you suppose that advice and guidance in the affairs of life play an integral part in analytic influence. On the contrary, so far as possible we avoid the role of a mentor such as this, and there is nothing we would rather bring about than that the patient should make his decisions for himself. With this purpose, too,

we require him to postpone for the term of his treatment any vital decisions on choice of a profession, business undertakings, marriage or divorce, and only to put them in practice when the treatment is finished. You must admit that all this is different from what you pictured. Only in the case of some very youthful or quite helpless or unstable individuals are we unable to put the desired limitation of our role into effect. With them we have to combine the functions of a doctor and an educator; but when this is so we are quite conscious of our responsibility and behave with the necessary caution.[1]

But you must not conclude from my eagerness in defending myself against the charge that neurotics are encouraged in analytic treatment to live a full life—you must not conclude from this that we influence them in favour of conventional virtue. That is at least as far from being the case. It is true that we are not reformers but merely observers; nevertheless, we cannot help observing with a critical eye and we have found it impossible to side with conventional sexual morality or to form a very high opinion of the manner in which society attempts the practical regulation of the problems of sexual life. We can present society with a blunt calculation that what is described as its morality calls for a bigger sacrifice than it is worth and that its proceedings are not based on honesty and do not display wisdom. We do not keep such criticisms from our patients' ears, we accustom them to giving unprejudiced consideration to sexual matters no less than to any others; and if, having grown independent after the completion of their treatment, they decide on their own judgement in favour of some midway position between living a full life and absolute asceticism, we feel our conscience clear whatever their choice. We tell ourselves that anyone who has succeeded in educating himself to truth about himself is permanently defended against the danger of immorality, even though his standard of morality may differ in some respect from that which is customary in society. Moreover, we must guard against over-estimating the importance of the part played by the question of abstinence in influencing neuroses. Only in a minority of cases can the pathogenic situation of frustration and the subsequent damming-up of libido be

[1] [Freud discussed this further in the *New Introductory Lectures* (1933a), *Standard Ed.*, **22**, 148.]

brought to an end by the sort of sexual intercourse that can be procured without much trouble.

Thus you cannot explain the therapeutic effect of psychoanalysis by its permitting a full sexual life. Look around, then, for something else. I fancy that, while I was rejecting this suggestion of yours, one remark of mine put you on the right track. What we make use of must no doubt be the replacing of what is unconscious by what is conscious, the translation of what is unconscious into what is conscious. Yes, that is it. By carrying what is unconscious on into what is conscious, we lift the repressions, we remove the preconditions for the formation of symptoms, we transform the pathogenic conflict into a normal one for which it must be possible somehow to find a solution. All that we bring about in a patient is this single psychical change: the length to which it is carried is the measure of the help we provide. Where no repressions (or analogous psychical processes) can be undone, our therapy has nothing to expect.

We can express the aim of our efforts in a variety of formulas: making conscious what is unconscious, lifting repressions, filling gaps in the memory—all these amount to the same thing. But perhaps you will be dissatisfied by this admission. You had formed a different picture of the return to health of a neurotic patient—that, after submitting to the tedious labours of a psycho-analysis, he would become another man; but the total result, so it seems, is that he has rather less that is unconscious and rather more that is conscious in him than he had before. The fact is that you are probably under-estimating the importance of an internal change of this kind. The neurotic who is cured has really become another man, though at bottom, of course, he has remained the same; that is to say, he has become what he might have become at best under the most favourable conditions. But that is a very great deal. If you now hear all that has to be done and what efforts it needs to bring about this apparently trivial change in a man's mental life, you will no doubt begin to realize the importance of this difference in psychical levels.

I will digress for a moment to ask if you know what is meant by a causal therapy. That is how we describe a procedure

which does not take the symptoms of an illness as its point of attack but sets about removing its *causes*. Well, then, is our psycho-analytic method a causal therapy or not? The reply is not a simple one, but it may perhaps give us an opportunity of realizing the worthlessness of a question framed in this way. In so far as analytic therapy does not make it its first task to remove the symptoms, it is behaving like a causal therapy. In another respect, you may say, it is not. For we long ago traced the causal chain back through the repressions to the instinctual dispositions, their relative intensities in the constitution and the deviations in the course of their development. Supposing, now, that it was possible, by some chemical means, perhaps, to interfere in this mechanism, to increase or diminish the quantity of libido present at a given time or to strengthen one instinct at the cost of another—this then would be a causal therapy in the true sense of the word, for which our analysis would have carried out the indispensable preliminary work of reconnaissance. At present, as you know, there is no question of any such method of influencing libidinal processes; with our psychical therapy we attack at a different point in the combination—not exactly at what we know are the roots of the phenomena, but nevertheless far enough away from the symptoms, at a point which has been made accessible to us by some very remarkable circumstances.

What, then, must we do in order to replace what is unconscious in our patients by what is conscious? There was a time when we thought this was a very simple matter: all that was necessary was for us to discover this unconscious material and communicate it to the patient. But we know already that this was a short-sighted error [p. 281]. *Our* knowledge about the unconscious material is not equivalent to *his* knowledge, if we communicate our knowledge to him, he does not receive it *instead of* his unconscious material but *beside* it, and that makes very little change in it. We must rather picture this unconscious material topographically, we must look for it in his memory at the place where it became unconscious owing to a repression. The repression must be got rid of—after which the substitution of the conscious material for the unconscious can proceed smoothly. How, then, do we lift a repression of this kind? Here our task enters a second phase. First, the search for the repres-

sion and then the removal of the resistance which maintains the repression.

How do we remove the resistance? In the same way: by discovering it and showing it to the patient. Indeed, the resistance too is derived from a repression – from the same one that we are endeavouring to resolve, or from one that took place earlier. It was set up by the anticathexis which arose in order to repress the objectionable impulse. Thus we now do the same thing that we tried to do to begin with, interpret, discover and communicate; but now we are doing it at the right place. The anticathexis or the resistance does not form part of the unconscious but of the ego, which is our collaborator, and is so even if it is not conscious. As we know, the word 'unconscious' is being used here in two senses: on the one hand as a phenomenon and on the other as a system. This sounds very difficult and obscure, but is it not only repeating what we have already said in earlier passages[1]? We have long been prepared for it. We expect that this resistance will be given up and the anticathexis withdrawn when our interpretation has made it possible for the ego to recognize it. What are the motive forces that we work with in such a case? First with the patient's desire for recovery, which has induced him to take part with us in our joint work, and secondly with the help of his intelligence, to which we give support by our interpretation. There is no doubt that it is easier for the patient's intelligence to recognize the resistance and to find the translation corresponding to what is repressed if we have previously given him the appropriate anticipatory ideas. If I say to you 'Look up at the sky! There's a balloon there!' you will discover it much more easily than if I simply tell you to look up and see if you can see anything. In the same way, a student who is looking through a microscope for the first time is instructed by his teacher as to what he will see, otherwise he does not see it at all, though it is there and visible.

And now for the fact[2]? In a whole number of nervous cases [illegible] anxiety states, obsessional neuroses, our

[1] [See [illegible] on page 417 above, where these earlier passages are referred to. The repetitions are given to express, revised views on the subject.]

[2] [See the opening paragraph of the next chapter.]

expectation is fulfilled. By searching for the repression in this way, by uncovering the resistances, by pointing out what is repressed, we really succeed in accomplishing our task — that is, in overcoming the resistances, lifting the repression and transforming the unconscious material into conscious. In doing so we gain the clearest impression of the way in which a violent struggle takes place in the patient's mind about the overcoming of each resistance — a *normal* mental struggle, on the same psychological ground, between the motives which seek to maintain the anti-cathexis and those which are prepared to give it up. The former are the old motives which in the past put the repression into effect, among the latter are the newly arrived ones which, we may hope, will decide the conflict in our favour. We have succeeded in reviving the old conflict which led to repression and in bringing up for revision the process that was then decided. The new material that we produce includes, first, the reminder that the earlier decision led to illness and the promise that a different path will lead to recovery, and, secondly, the enormous change in all the circumstances that has taken place since the time of the original rejection. Then the ego was feeble, infantile, and may perhaps have had grounds for banning the demands of the libido as a danger. To-day it has grown strong and experienced, and moreover has a helper at hand in the shape of the doctor. Thus we may expect to lead the revived conflict to a better outcome than that which ended in repression, and, as I have said, in hysteria and in the anxiety and obsessional neuroses success proves us in general to be correct.

There are, however, other forms of illness in which, in spite of the conditions being the same, our therapeutic procedure is never successful. In them, too, it had been a question of an original conflict between the ego and the libido which led to repression — though this may call for a different topographical description; in them, too, it is possible to trace the points in the patient's life at which the repressions occurred; we make use of the same procedure, are ready to make the same promises and give the same help by the offer of anticipatory ideas; and once again the lapse of time between the repressions and the present day favours a different outcome to the conflict. And yet we do not succeed in lifting a single resistance or getting rid of a single repression. These patients, paranoics, melancholics,

sufferers from dementia praecox, remain on the whole unaffected and proof against psycho-analytic therapy. What can be the reason for this? Not any lack of intelligence. A certain amount of intellectual capacity is naturally required in our patients; but there is certainly no lack of it in, for instance, the extremely shrewd combinatory paranoics [cf. p. 66 f.]. Nor do any of the other motives seem to be absent. Thus the melancholics have a very high degree of consciousness, absent in paranoics, that they are ill and that that is why they suffer so much; but this does not make them more accessible. We are faced here by a fact which we do not understand and which therefore leads us to doubt whether we have really understood all the determinants of our possible success with the other neuroses.

If we continue to concern ourselves only with our hysterics and obsessional neurotics, we are soon met by a second fact for which we were not in the least prepared. For after a while we cannot help noticing that these patients behave in a quite peculiar manner to us. We believed, to be sure, that we had reckoned with all the motives concerned in the treatment, that we had completely rationalized the situation between us and the patients so that it could be looked over at a glance like a sum in arithmetic; yet, in spite of all this, something seems to creep in which has not been taken into account in our sum. This unexpected novelty itself takes many shapes, and I will begin by describing to you the commoner and more easily understandable of the forms in which it appears.

We notice, then, that the patient, who ought to want nothing else but to find a way out of his distressing conflicts, develops a special interest in the person of the doctor. Everything connected with the doctor seems to be more important to him than his own affairs and to be diverting him from his illness. For a time, accordingly, relations with him become very agreeable; he is particularly obliging, tries wherever possible to show his gratitude, reveals refinements and merits in his nature which we should not, perhaps, have expected to find in him. The doctor, too, thereupon forms a favourable opinion of the patient and appreciates the good fortune which has enabled him to give his assistance to such a particularly valuable personality. If the doctor has an opportunity of talking to the patient's relatives,

he learns to his satisfaction that the liking is a mutual one. The patient never tires in his home of praising the doctor and of extolling ever new qualities in him. 'He's enthusiastic about you,' say his relatives, 'he trusts you blindly; everything you say is like a revelation to him.' Here and there someone in this chorus has sharper eyes and says: 'It's becoming a bore, the way he talks of nothing else but you and has your name on his lips all the time.'

Let us hope that the doctor is modest enough to attribute his patient's high opinion of him to the hopes he can rouse in him and to the widening of his intellectual horizon by the surprising and liberating enlightenment that the treatment brings with it. Under these conditions the analysis makes fine progress too. The patient understands what is interpreted to him and becomes engrossed in the tasks set him by the treatment; the material of memories and associations floods in upon him in plenty, the certainty and appositeness of his interpretations are a surprise to the doctor, and the latter can only take note with satisfaction that here is a patient who readily accepts all the psychological novelties which are apt to provoke the most bitter contradiction among healthy people in the outside world. Moreover the cordial relations that prevail during the work of analysis are accompanied by an objective improvement, which is recognized on all sides, in the patient's illness.

But such fine weather cannot last for ever. One day it clouds over. Difficulties arise in the treatment; the patient declares that nothing more occurs to him. He gives the clearest impression of his interest being no longer in the work and of his cheerfully disregarding the instructions given him to say everything that comes into his head and not to give way to any critical obstacle to doing so. He behaves as though he were outside the treatment and as though he had not made this agreement with the doctor. He is evidently occupied with something, but intends to keep it to himself. This is a situation that is dangerous for the treatment. We are unmistakably confronted by a formidable resistance. But what has happened to account for it?

If we are able once more to clarify the position, we find that the cause of the disturbance is that the patient has transferred on to the doctor intense feelings of affection which are justified

neither by the doctor's behaviour nor by the situation that has developed during the treatment. The form in which this affection is expressed and what its aims are depend of course on the personal relation between the two people involved. If those concerned are a young girl and a youngish man, we shall get the impression of a normal case of falling in love; we shall find it understandable that a girl should fall in love with a man with whom she can be much alone and talk of intimate things and who has the advantage of having met her as a helpful superior; and we shall probably overlook the fact that what we should expect from a neurotic girl would rather be an impediment in her capacity for love. The further the personal relations between doctor and patient diverge from this supposed case, the more we shall be surprised to find nevertheless the same emotional relationship constantly recurring. It may still pass muster if a woman who is unhappy in her marriage appears to be seized with a serious passion for a doctor who is still unattached, if she is ready to seek a divorce in order to be his, or if, where there are social obstacles, she even expresses no hesitation about entering into a secret *liaison* with him. Such things come about even outside psycho-analysis. But in these circumstances we are astonished to hear declarations by married women and girls which bear witness to a quite particular attitude to the therapeutic problem: they had always known, they say, that they could only be cured by love, and before the treatment began they had expected that through this relation they would at last be granted what life had hitherto withheld from them; it had only been in this hope that they had taken so much trouble over the treatment and overcome all the difficulties in communicating their thoughts—and we on our part can add—and had so easily understood what is otherwise so hard to believe. But an admission of this sort surprises us as it throws all our calculations to the winds. Can it be that we have left the most important item out of our account?

And indeed, the greater our experience the less we are able to resist making this correction, though having to do so puts our scientific pretensions to shame. On the first few occasions one might perhaps think that the analytic treatment had come up against a disturbance due to a chance event—an event, that is, not intended and not provoked by it. But when a similar

affectionate attachment by the patient to the doctor is repeated regularly in every new case, when it comes to light again and again, under the most unfavourable conditions and where there are positively grotesque incongruities, even in elderly women and in relation to grey-bearded men, even where, in our judgement, there is nothing of any kind to entice then we must abandon the idea of a chance disturbance and recognize that we are dealing with a phenomenon which is intimately bound up with the nature of the illness itself.

This new fact, which we thus recognize so unwillingly, is known by us as *transference*. We mean a transference of feelings on to the person of the doctor, since we do not believe that the situation in the treatment could justify the development of such feelings. We suspect, on the contrary, that the whole readiness for these feelings is derived from elsewhere, that they were already prepared in the patient and, upon the opportunity offered by the analytic treatment, are transferred on to the person of the doctor Transference can appear as a passionate demand for love or in more moderate forms; in place of a wish to be loved, a wish can emerge between a girl and an old man to be received as a favourite daughter; the libidinal desire can be toned down into a proposal for an inseparable, but ideally non-sensual, friendship. Some women succeed in sublimating the transference and in moulding it till it achieves a kind of viability; others must express it in its crude, original, and for the most part, impossible form. But at bottom it is always the same, and never allows its origin from the same source to be mistaken.

Before we enquire where we are to find a place for this new fact, I will complete my description of it. What happens with male patients? There at least one might hope to escape the troublesome interference caused by difference of sex and by sexual attraction. Our answer, however, must be much the same as in the case of women. There is the same attachment to the doctor, the same overvaluation of his qualities, the same absorption in his interests, the same jealousy of everyone close to him in real life. The sublimated forms of transference are more frequent between one man and another and straightforward sexual demands are rarer, in proportion as manifest homosexuality is unusual as compared with the other ways in

which these instinctual components are employed. With his male patients, again, more often than with women, the doctor comes across a form of expression of the transference which seems at first sight to contradict all our previous descriptions—a hostile or *negative* transference.

I must begin by making it clear that a transference is present in the patient from the beginning of the treatment and for a while is the most powerful motive in its advance. We see no trace of it and need not bother about it so long as it operates in favour of the joint work of analysis. If it then changes into a resistance, we must turn our attention to it and we recognize that it alters its relation to the treatment under two different and contrary conditions: firstly, if as an affectionate trend it has become so powerful, and betrays signs of its origin in a sexual need so clearly, that it inevitably provokes an internal opposition to itself, and, secondly, if it consists of hostile instead of affectionate impulses. The hostile feelings make their appearance as a rule later than the affectionate ones and behind them; their simultaneous presence gives a good picture of the emotional ambivalence [p. 427 f.] which is dominant in the majority of our intimate relations with other people. The hostile feelings are as much an indication of an emotional tie as the affectionate ones, in the same way as defiance signifies dependence as much as obedience does, though with a 'minus' instead of a 'plus' sign before it. We can be in no doubt that the hostile feelings towards the doctor deserve to be called a 'transference', since the situation in the treatment quite certainly offers no adequate grounds for their origin, this necessary view of the negative transference assures us, therefore, that we have not gone wrong in our judgement of the positive or affectionate one.

Where the transference arises, what difficulties it raises for us, how we overcome them and what advantages we eventually derive from it—these are questions to be dealt with in detail in a technical guide to analysis, and I shall only touch on them lightly to-day. It is out of the question for us to yield to the patient's demands deriving from the transference; it would be absurd for us to reject them in an unfriendly, still more in an indignant, manner. We overcome the transference by pointing

out to the patient that his feelings do not arise from the present situation and do not apply to the person of the doctor, but that they are repeating something that happened to him earlier.[1] In this way we oblige him to transform his repetition into a memory. By that means the transference, which, whether affectionate or hostile, seemed in every case to constitute the greatest threat to the treatment, becomes its best tool, by whose help the most secret compartments of mental life can be opened.

But I should like to say a few words to you to relieve you of your surprise at the emergence of this unexpected phenomenon. We must not forget that the patient's illness, which we have undertaken to analyse, is not something which has been rounded off and become rigid but that it is still growing and developing like a living organism. The beginning of the treatment does not put an end to this development; when, however, the treatment has obtained mastery over the patient, what happens is that the whole of his illness's new production is concentrated upon a single point – his relation to the doctor. Thus the transference may be compared to the cambium layer in a tree between the wood and the bark, from which the new formation of tissue and the increase in the girth of the trunk derive. When the transference has risen to this significance, work upon the patient's memories retreats far into the background. Thereafter it is not incorrect to say that we are no longer concerned with the patient's earlier illness but with a newly created and transformed neurosis which has taken the former's place. We have followed this new edition of the old disorder from its start, we have observed its origin and growth, and we are especially well able to find our way about in it since, as its object, we are situated at its very centre. All the patient's symptoms have abandoned their original meaning and have taken on a new sense which lies in a relation to the transference; or only such symptoms have persisted as are capable of undergoing such a transformation. But the mastering of this new, artificial neurosis coincides with getting rid of the illness which was originally brought to the treatment – with the accomplishment of our therapeutic task. A person who has become normal and free from the operation of repressed instinctual impulses in his rela-

[1] [Cf. for what follows here 'Remembering, Repeating and Working Through' (1914*g*), *Standard Ed.*, **12**, 150 ff.]

tion to the doctor will remain so in his own life after the doctor has once more withdrawn from it.[1]

The transference possesses this extraordinary, and for the treatment, positively central, importance in hysteria, anxiety hysteria and obsessional neurosis, which are for that reason rightly classed together as 'transference neuroses'. No one who has taken in a full impression of the fact of transference from his analytic work will any longer doubt the nature of the suppressed impulses that obtain expression in the symptoms of these neuroses, and will call for no more powerful evidence of their libidinal character. It may be said that our conviction of the significance of symptoms as substitutive satisfactions of the libido only received its final confirmation after the enlistment of the transference.

There is every reason now for us to improve our earlier dynamic account of the therapeutic process and to bring it into harmony with our new realization. If the patient is to fight his way through the normal conflict with the resistances which we have uncovered for him in the analysis [p. 438], he is in need of a powerful stimulus which will influence the decision in the sense which we desire, leading to recovery. Otherwise it might happen that he would choose in favour of repeating the earlier outcome and would allow what had been brought up into consciousness to slip back again into repression. At this point what turns the scale in his struggle is not his intellectual insight – which is neither strong enough nor free enough for such an achievement—but simply and solely his relation to the doctor. In so far as his transference bears a 'plus' sign, it clothes the doctor with authority and is transformed into belief in his communications and explanations. In the absence of such a transference, or if it is a negative one, the patient would never even give a hearing to the doctor and his arguments. In this his belief is repeating the story of its own development, it is a derivative of love and, to start with, needed no arguments. Only later did he allow them enough room to submit them to examination, provided they were brought forward by someone he loved. Without such supports arguments carried no weight, and in

[1] [It may be remarked that Freud very much qualified this assertion in his late technical paper on 'Analysis Terminable and Interminable' (1937*c*). Cf. the Editor's Note to this.]

most people's lives they never do. Thus in general a man is only accessible from the intellectual side too, in so far as he is capable of a libidinal cathexis of objects; and we have good reason to recognize and to dread in the amount of his narcissism a barrier against the possibility of being influenced by even the best analytic technique.

A capacity for directing libidinal object-cathexes on to people must of course be attributed to every normal person. The tendency to transference of the neurotics I have spoken of is only an extraordinary increase of this universal characteristic. It would indeed be very strange if a human trait so widespread and so important had never been noticed or appreciated. And in fact it *has* been. Bernheim, with an unerring eye, based his theory of hypnotic phenomena on the thesis that everyone is in some way 'suggestible'. His suggestibility was nothing other than the tendency to transference, somewhat too narrowly conceived, so that it did not include negative transference. But Bernheim was never able to say what suggestion actually was and how it came about. For him it was a fundamental fact on whose origin he could throw no light. He did not know that his '*suggestibilité*' depended on sexuality, on the activity of the libido. And it must dawn on us that in our technique we have abandoned hypnosis only to rediscover suggestion in the shape of transference.

But here I will pause, and let you have a word; for I see an objection boiling up in you so fiercely that it would make you incapable of listening if it were not put into words: 'Ah! so you've admitted it at last! You work with the help of suggestion, just like the hypnotists! That is what we've thought for a long time. But, if so, why the roundabout road by way of memories of the past, discovering the unconscious, interpreting and translating back distortions—this immense expenditure of labour, time and money—when the one effective thing is after all only suggestion? Why do you not make direct suggestions against the symptoms, as the others do—the honest hypnotists? Moreover, if you try to excuse yourself for your long detour on the ground that you have made a number of important psychological discoveries which are hidden by direct suggestion—what about the certainty of these discoveries now? Are not they a result of sug-

gestion too, of unintentional suggestion? Is it not possible that you are forcing on the patient what you want and what seems to you correct, in this field as well?'

What you are throwing up at me in this is uncommonly interesting and must be answered. But I cannot do so to-day: we have not the time. Till our next meeting, then. I will answer you, you will see. But to-day I must finish what I have begun. I promised to make you understand by the help of the fact of transference why our therapeutic efforts have no success with the narcissistic neuroses.

I can do so in a few words, and you will see how simply the riddle can be solved and how well everything fits together. Observation shows that sufferers from narcissistic neuroses have no capacity for transference or only insufficient residues of it. They reject the doctor, not with hostility but with indifference. For that reason they cannot be influenced by him either; what he says leaves them cold, makes no impression on them; consequently the mechanism of cure which we carry through with other people—the revival of the pathogenic conflict and the overcoming of the resistance due to repression—cannot be operated with them. They remain as they are. Often they have already undertaken attempts at recovery on their own account which have led to pathological results [p. 422]. We cannot alter this in any way.

On the basis of our clinical impressions we maintained that these patients' object-cathexes must have been given up and that their object-libido must have been transformed into ego-libido [p. 420]. Through this characteristic we distinguished them from the first group of neurotics (sufferers from hysteria, anxiety-hysteria and obsessional neurosis). This suspicion is now confirmed by their behaviour in our attempts at therapy. They manifest no transference and for that reason are inaccessible to our efforts and cannot be cured by us.

LECTURE XXVIII

ANALYTIC THERAPY[1]

LADIES AND GENTLEMEN, You know what we are going to talk about to-day. You asked me why we do not make use of direct suggestion in psycho-analytic therapy, when we admit that our influence rests essentially on transference—that is, on suggestion; and you added a doubt whether, in view of this predominance of suggestion, we are still able to claim that our psychological discoveries are objective. I promised I would give you a detailed reply.

Direct suggestion is suggestion aimed against the manifestation of the symptoms; it is a struggle between your authority and the motives for the illness. In this you do not concern yourself with these motives; you merely request the patient to suppress their manifestation in symptoms. It makes no difference of principle whether you put the patient under hypnosis or not. Once again Bernheim, with his characteristic perspicacity, maintained that suggestion was the essential element in the phenomena of hypnotism, that hypnosis itself was already a result of suggestion, a suggested state;[2] and he preferred to practise suggestion in a waking state, which can achieve the same effects as suggestion under hypnosis.

Which would you rather hear first on this question what experience tells us or theoretical considerations?

Let us begin with the former. I was a pupil of Bernheim's, whom I visited at Nancy in 1889 and whose book on suggestion

[1] [This lecture contains Freud's fullest account of the theory of the therapeutic effects of psycho-analysis. His later discussion of the question in his paper on 'Analysis Terminable and Interminable' (1937*c*) seems in some respects to be at variance with it. Cf. the Editor's Note to that paper. Freud published very little on the details of psycho-analytic technique. See, however, the technical papers in Volume XII of the *Standard Edition*, where a list of his other writings on the subject will be found.]

[2] [Freud subsequently expressed his disagreement with this view of Bernheim's. See footnote at the end of Chapter X of *Group Psychology* (1921*c*), *Standard Ed.*, **18**, 128 *n*.]

I translated into German.[1] I practised hypnotic treatment for many years, at first by prohibitory suggestion and later in combination with Breuer's method of questioning the patient.[2] I can therefore speak of the results of hypnotic or suggestive therapy on the basis of a wide experience. If, in the words of the old medical aphorism, an ideal therapy should be rapid, reliable and not disagreeable for the patient ['*cito*, *tuto*, *jucunde*'], Bernheim's method fulfilled at least two of these requirements. It could be carried through much quicker—or, rather, infinitely quicker—than analytic treatment and it caused the patient neither trouble nor unpleasantness. For the doctor it became, in the long run, *monotonous*—in each case, in the same way, with the same ceremonial, forbidding the most variegated symptoms to exist, without being able to learn anything of their sense and meaning. It was hackwork and not a scientific activity, and it recalled magic, incantations and hocus-pocus. That could not weigh, however, against the patient's interest. But the third quality was lacking: the procedure was not reliable in any respect. It could be used with one patient, but not with another; it achieved a great deal with one and very little with another, and one never knew why. Worse than the capriciousness of the procedure was the lack of permanence in its successes. If, after a short time, one had news of the patient once more, the old ailment was back again or its place had been taken by a new one. One might hypnotize him again. But in the background there was the warning given by experienced workers against robbing the patient of his self-reliance by frequently repeated hypnosis and so making him an addict to this kind of therapy as though it were a narcotic. Admittedly sometimes things went entirely as one would wish: after a few efforts, success was complete and permanent.[3] But the conditions determining such a favourable outcome remained unknown. On one occasion a severe condition in a woman, which I had entirely got rid of by

[1] [In fact Freud translated two of Bernheim's books: *De la suggestion et de ses applications à la thérapeutique* (1886), translated 1888–9, and *Hypnotisme, suggestion et psychothérapie* (1891), translated 1892. Freud's long preface to the former is included in *Standard Ed.*, **1**.]

[2] [See p. 292 above.]

[3] [An instance of this kind was reported by Freud in an early paper, 'A Case of Successful Treatment by Hypnotism' (1892–3).]

a short hypnotic treatment, returned unchanged after the patient had, through no action on my part, got annoyed with me; after a reconciliation, I removed the trouble again and far more thoroughly; yet it returned once more after she had fallen foul of me a second time. On another occasion a woman patient, whom I had repeatedly helped out of neurotic states by hypnosis, suddenly, during the treatment of a specially obstinate situation, threw her arms round my neck.[1] After this one could scarcely avoid, whether one wanted to or not, investigating the question of the nature and origin of one's authority in suggestive treatment.

So much for experiences. They show us that in renouncing direct suggestion we are not giving up anything of irreplaceable value. Now let us add a few reflections to this. The practice of hypnotic therapy makes very small demands on either the patient or the doctor. It agrees most beautifully with the estimate in which neuroses are still held by the majority of doctors. The doctor says to the neurotic patient: 'There's nothing wrong with you, it's only a question of nerves; so I can blow away your trouble in two or three minutes with just a few words.' But our views on the Laws of energy are offended by the notion of its being possible to move a great weight by a tiny application of force, attacking it directly, without the outside help of any appropriate appliances. In so far as the conditions are comparable, experience shows that this feat is not successfully accomplished in the case of the neuroses either. But I am aware that this argument is not unimpeachable. There is such a thing as a 'trigger-action'.

In the light of the knowledge we have gained from psychoanalysis we can describe the difference between hypnotic and psycho-analytic suggestion as follows. Hypnotic treatment seeks to cover up and gloss over something in mental life; analytic treatment seeks to expose and get rid of something.[2] The former acts like a cosmetic, the latter like surgery. The former makes use of suggestion in order to forbid the symptoms, it strengthens

[1] [Freud described this episode again later, in his *Autobiographical Study* (1925*d*), *Standard Ed.*, **20**, 27.]

[2] [This distinction is developed at some length in an early paper of Freud's 'On Psychotherapy' (1905*a*), *Standard Ed.*, **7**, 260–1.]

the repressions, but, apart from that, leaves all the processes that have led to the formation of the symptoms unaltered. Analytic treatment makes its impact further back towards the roots, where the conflicts are which gave rise to the symptoms, and uses suggestion in order to alter the outcome of those conflicts. Hypnotic treatment leaves the patient inert and unchanged, and for that reason, too, equally unable to resist any fresh occasion for falling ill. An analytic treatment demands from both doctor and patient the accomplishment of serious work, which is employed in lifting internal resistances. Through the overcoming of these resistances the patient's mental life is permanently changed, is raised to a high level of development and remains protected against fresh possibilities of falling ill.[1] This work of overcoming resistances is the essential function of analytic treatment; the patient has to accomplish it and the doctor makes this possible for him with the help of suggestion operating in an *educative* sense. For that reason psychoanalytic treatment has justly been described as a kind of *after-education*.[2]

I hope I have now made it clear to you in what way our method of employing suggestion therapeutically differs from the only method possible in hypnotic treatment. You will understand too, from the fact that suggestion can be traced back to transference, the capriciousness which struck us in hypnotic therapy, while analytic treatment remains calculable within its limits. In using hypnosis we are dependent on the state of the patient's capacity for transference without being able to influence it itself. The transference of a person who is to be hypnotized may be negative or, as most frequently, ambivalent, or he may have protected himself against his transference by adopting special attitudes; of that we learn nothing. In psychoanalysis we act upon the transference itself, resolve what opposes it, adjust the instrument with which we wish to make our impact. Thus it becomes possible for us to derive an entirely fresh advantage from the power of suggestion, we get it into our hands. The patient does not suggest to himself whatever he

[1] [Cf. footnote, p. 445 above.]

[2] See the paper 'On Psychotherapy' referred to above (*Standard Ed.*, 7, 260). [Here it is left to the German word '*Nacherziehung*' ('after-education'), as wrongly translated 're-education'.]

pleases: we guide his suggestion so far as he is in any way accessible to its influence.

But you will now tell me that, no matter whether we call the motive force of our analysis transference or suggestion, there is a risk that the influencing of our patient may make the objective certainty of our findings doubtful. What is advantageous to our therapy is damaging to our researches. This is the objection that is most often raised against psycho-analysis, and it must be admitted that, though it is groundless, it cannot be rejected as unreasonable. If it were justified, psycho-analysis would be nothing more than a particularly well-disguised and particularly effective form of suggestive treatment and we should have to attach little weight to all that it tells us about what influences our lives, the dynamics of the mind or the unconscious. That is what our opponents believe; and in especial they think that we have 'talked' the patients into everything relating to the importance of sexual experiences—or even into those experiences themselves—after such notions have grown up in our own depraved imagination. These accusations are contradicted more easily by an appeal to experience than by the help of theory. Anyone who has himself carried out psycho-analysis will have been able to convince himself on countless occasions that it is impossible to make suggestions to a patient in that way. The doctor has no difficulty, of course, in making him a supporter of some particular theory and in thus making him share some possible error of his own. In this respect the patient is behaving like anyone else—like a pupil—but this only affects his intelligence, not his illness. After all, his conflicts will only be successfully solved and his resistances overcome if the anticipatory ideas he is given tally with what is real in him. Whatever in the doctor's conjectures is inaccurate drops out in the course of the analysis;[1] it has to be withdrawn and replaced by something more correct. We endeavour by a careful technique to avoid the occurrence of premature successes due to suggestion, but no harm is done even if they do occur, for we are not satisfied by a first success. We do not regard an analysis as at an end until all the obscurities of the case are cleared up, the gaps in the

[1] [Freud gives a small example of this in the 'Wolf Man' case history (1918*b*), *Standard Ed.*, **17**, 80.]

patient's memory filled in, the precipitating causes of the repressions discovered. We look upon successes that set in too soon as obstacles rather than as a help to the work of analysis; and we put an end to such successes by constantly resolving the transference on which they are based. It is this last characteristic which is the fundamental distinction between analytic and purely suggestive therapy, and which frees the results of analysis from the suspicion of being successes due to suggestion. In every other kind of suggestive treatment the transference is carefully preserved and left untouched; in analysis it is itself subjected to treatment and is dissected in all the shapes in which it appears. At the end of an analytic treatment the transference must itself be cleared away, and if success is then obtained or continues, it rests, not on suggestion, but on the achievement by its means of an overcoming of internal resistances, on the internal change that has been brought about in the patient.

The acceptance of suggestions on individual points is no doubt discouraged by the fact that during the treatment we are struggling unceasingly against resistances which are able to transform themselves into negative (hostile) transferences. Nor must we fail to point out that a large number of the individual findings of analysis, which might otherwise be suspected of being products of suggestion, are confirmed from another and irreproachable source. Our guarantors in this case are the sufferers from dementia praecox and paranoia, who are of course far above any suspicion of being influenced by suggestion. The translations of symbols and the phantasies, which these patients produce for us and which in them have forced their way through into consciousness, coincide faithfully with the results of our investigations into the unconscious of transference neurotics and thus confirm the objective correctness of our interpretations, on which doubt is so often thrown. You will not, I think, be going astray if you trust analysis on these points.

I will now complete my picture of the mechanism of cure by clothing it in the formulas of the libido theory. A neurotic is incapable of enjoyment and of efficiency: the former because his libido is not attached on to any real object and the latter

because he is obliged to employ a great deal of his available energy on keeping his libido under repression and on warding off its assaults. He would become healthy if the conflict between his ego and his libido came to an end and if his ego had his libido again at its disposal. The therapeutic task consists, therefore, in freeing the libido from its present attachments, which are withdrawn from the ego, and in making it once more serviceable to the ego. Where, then, is the neurotic's libido situated? It is easily found, it is attached to the symptoms, which yield it the only substitutive satisfaction possible at the time. We must therefore make ourselves masters of the symptoms and resolve them—which is precisely the same thing that the patient requires of us. In order to resolve the symptoms, we must go back as far as their origin, we must renew the conflict from which they arose, and, with the help of motive forces which were not at the patient's disposal in the past, we must guide it to a different outcome. This revision of the process of repression can be accomplished only in part in connection with the memory traces of the processes which led to repression. The decisive part of the work is achieved by creating in the patient's relation to the doctor—in the 'transference'—new editions of the old conflicts; in these the patient would like to behave in the same way as he did in the past, while we, by summoning up every available mental force [in the patient], compel him to come to a fresh decision. Thus the transference becomes the battlefield on which all the mutually struggling forces should meet one another.

All the libido, as well as everything opposing it, is made to converge solely on the relation with the doctor. In this process the symptoms are inevitably divested of libido. In place of his patient's true illness there appears the artificially constructed transference illness, in place of the various unreal objects of the libido there appears a single, and once more imaginary, object in the person of the doctor. But, by the help of the doctor's suggestion, the new struggle around this object is lifted to the highest psychical level, it takes place as a normal mental conflict. Since a fresh repression is avoided, the alienation between ego and libido is brought to an end and the subject's mental unity is restored. When the libido is released once more from its temporary object in the person of the doctor, it cannot return

to its earlier objects, but is at the disposal of the ego. The forces against which we have been struggling during our work of therapy are, on the one hand, the ego's antipathy to certain trends of the libido—an antipathy expressed in a tendency to repression and, on the other hand, the tenacity or adhesiveness of the libido [p. 318], which dislikes leaving objects that it has once cathected.

Thus our therapeutic work falls into two phases. In the first, all the libido is forced from the symptoms into the transference and concentrated there, in the second, the struggle is waged around this new object and the Libido is liberated from it. The change which is decisive for a favourable outcome is the elimination of repression in this renewed conflict, so that the libido cannot withdraw once more from the ego by flight into the unconscious. This is made possible by the alteration of the ego which is accomplished under the influence of the doctor's suggestion. By means of the work of interpretation, which transforms what is unconscious into what is conscious, the ego is enlarged at the cost of this unconscious; by means of instruction, it is made conciliatory towards the libido and inclined to grant it some satisfaction, and its repugnance to the claims of the libido is diminished by the possibility of disposing of a portion of it by sublimation. The more closely events in the treatment coincide with this ideal description, the greater will be the success of the psycho-analytic therapy. It finds its limits in the lack of mobility of the libido, which may refuse to leave its objects, and the rigidity of narcissism, which will not allow transference on to objects to increase beyond certain bounds. Further light may perhaps be thrown on the dynamics of the process of cure if I say that we get hold of the whole of the libido which has been withdrawn from the dominance of the ego by attracting a portion of it on to ourselves by means of the transference.

It will not be out of place to give a warning that we can draw no direct conclusion from the distribution of the libido during and resulting from the treatment as to how it was distributed during the illness. Suppose we succeeded in bringing a case to a favourable conclusion by setting up and then resolving a strong father-transference to the doctor. It would not be correct to conclude that the patient had suffered previously from a

similar unconscious attachment of his libido to his father. His father-transference was merely the battlefield on which we gained control of his libido; the patient's libido was directed to it from other positions. A battlefield need not necessarily coincide with one of the enemy's key fortresses. The defence of a hostile capital need not take place just in front of its gates. Not until after the transference has once more been resolved can we reconstruct in our thoughts the distribution of libido which had prevailed during the illness.

From the standpoint of the libido theory, too, we may say a last word on dreams. A neurotic's dreams help us, like his parapraxes and his free associations to them, to discover the sense of his symptoms and to reveal the way in which his libido is allocated. They show us, in the form of a wish-fulfilment, what wishful impulses have been subjected to repression and to what objects the libido withdrawn from the ego has become attached. For this reason the interpretation of dreams plays a large part in a psycho-analytic treatment, and in some cases it is over long periods the most important instrument of our work. We already know [p. 218] that the state of sleep in itself leads to a certain relaxation of the repressions. A repressed impulse, owing to this reduction in the pressure weighing down upon it, becomes able to express itself far more clearly in a dream than it can be allowed to be expressed by a symptom during the day. The study of dreams therefore becomes the most convenient means of access to a knowledge of the repressed unconscious, of which the libido withdrawn from the ego forms a part.

But the dreams of neurotics do not differ in any important respect from those of normal people; it is possible, indeed, that they cannot be distinguished from them at all. It would be absurd to give an account of the dreams of neurotics which could not also apply to the dreams of normal people. We must therefore say that the difference between neurosis and health holds only during the day; it is not prolonged into dream-life. We are obliged to carry over to healthy people a number of hypotheses which arise in connection with neurotics as a result of the link between the latter's dreams and their symptoms. We cannot deny that healthy people as well possess in their mental life what alone makes possible the formation both of dreams and

of symptoms, and we must conclude that they too have carried out repressions, that they expend a certain amount of energy in order to maintain them, that their unconscious system conceals repressed impulses which are still cathected with energy, and that *a portion of their libido is withdrawn from their ego's disposal.* Thus a healthy person, too, is virtually a neurotic; but dreams appear to be the only symptoms which he is capable of forming. It is true that if one subjects his waking life to a closer examination one discovers something that contradicts this appearance namely that this ostensibly healthy life is interspersed with a great number of trivial and in practice unimportant symptoms.

The distinction between nervous health and neurosis is thus reduced to a practical question and is decided by the outcome —by whether the subject is left with a sufficient amount of capacity for enjoyment and of efficiency. It probably goes back to the relative sizes of the quota of energy that remains free and of that which is bound by repression, and is of a quantitative not of a qualitative nature. I need not tell you that this discovery is the theoretical justification for our conviction that neuroses are in principle curable in spite of their being based on constitutional disposition.

The identity of the dreams of healthy and neurotic people enables us to infer thus much in regard to defining the characteristics of health. But in regard to dreams themselves we can make a further inference: we must not detach them from their connection with neurotic symptoms, we must not suppose that their essential nature is exhausted by the formula that describes them as a translation of thoughts into an archaic form of expression [p. 199], but we must suppose that they exhibit to us allocations of the libido and object cathexes that are really present.[1]

We shall soon have reached the end. You are perhaps disappointed that on the topic of the psycho-analytic method of therapy I have only spoken to you about theory and not about the conditions which determine whether a treatment is to be undertaken or about the results it produces. I shall discuss

[1] [Some interesting remarks on the dreams of psychotic patients will be found in Section B of 'Some Neurotic Mechanisms' (1924), *Standard Ed.*, 18, 227 and 229–30.]

neither: the former because it is not my intention to give you practical instructions on how to carry out a psycho-analysis, and the latter because several reasons deter me from it. At the beginning of our talks [this year, p. 256], I emphasized the fact that under favourable conditions we achieve successes which are second to none of the finest in the field of internal medicine; and I can now add something further — namely that they could not have been achieved by any other procedure. If I were to say more than this I should be suspected of trying to drown the loudly raised voices of depreciation by self-advertisement. The threat has repeatedly been made against psycho-analysts by our medical 'colleagues' — even at public congresses — that a collection of the failures and damaging results of analysis would be published which would open the suffering public's eyes to the worthlessness of this method of treatment. But, apart from the malicious, denunciatory character of such a measure, it would not even be calculated to make it possible to form a correct judgement of the therapeutic effectiveness of analysis. Analytic therapy, as you know, is in its youth; it has taken a long time to establish its technique, and that could only be done in the course of working and under the influence of increasing experience. In consequence of the difficulties in giving instruction, the doctor who is a beginner in psycho-analysis is thrown back to a greater extent than other specialists on his own capacity for further development, and the results of his first years will never make it possible to judge the efficacy of analytic therapy.

Many attempts at treatment miscarried during the early period of analysis because they were undertaken in cases which were altogether unsuited to the procedure and which we should exclude to-day on the basis of our present view of the indications for treatment. But these indications, too, could only be arrived at by experiment. In those days we did not know *a priori* that paranoia and dementia praecox in strongly marked forms are inaccessible, and we had a right to make trial of the method on all kinds of disorders. But most of the failures of those early years were due not to the doctor's fault or an unsuitable choice of patients but to unfavourable external conditions. Here we have only dealt with internal resistances, those of the patient, which are inevitable and can be overcome. The external resistances which arise from the patient's circumstances, from

his environment, are of small theoretical interest but of the greatest practical importance. Psycho-analytic treatment may be compared with a surgical operation and may similarly claim to be carried out under arrangements that will be the most favourable for its success. You know the precautionary measures adopted by a surgeon: a suitable room, good lighting, assistants, exclusion of the patient's relatives, and so on. Ask yourselves now how many of these operations would turn out successfully if they had to take place in the presence of all the members of the patient's family, who would stick their noses into the field of the operation and exclaim aloud at every incision. In psycho-analytic treatments the intervention of relatives is a positive danger and a danger one does not know how to meet. One is armed against the patient's internal resistances, which one knows are inevitable, but how can one ward off these external resistances? No kind of explanations make any impression on the patient's relatives; they cannot be induced to keep at a distance from the whole business, and one cannot make common cause with them because of the risk of losing the confidence of the patient, who—quite rightly, moreover—expects the person in whom he has put his trust to take his side. No one who has any experience of the rifts which so often divide a family will, if he is an analyst, be surprised to find that the patient's closest relatives sometimes betray less interest in his recovering than in his remaining as he is. When, as so often, the neurosis is related to conflicts between members of a family, the healthy party will not hesitate long in choosing between his own interest and the sick party's recovery. It is not to be wondered at, indeed, if a husband looks with disfavour on a treatment in which, as he may rightly suspect, the whole catalogue of his sins will be brought to light. Nor do we wonder at it; but we cannot in that case blame ourselves if our efforts remain unsuccessful and the treatment is broken off prematurely because the husband's resistance is added to that of his sick wife. We had in fact undertaken something which in the prevailing circumstances was unrealizable.

Instead of reporting a number of cases, I will tell you the story of a single one, in which, from considerations of medical discretion, I was condemned to play a long suffering part. I undertook the analytic treatment—it was many years ago—of a

girl who had for some time been unable, owing to anxiety, to go out in the street or to stay at home by herself. The patient slowly brought out an admission that her imagination had been seized by chance observations of the affectionate relations between her mother and a well-to-do friend of the family. But she was so clumsy —or so subtle —that she gave her mother a hint of what was being talked about in the analytic sessions. She brought this about by changing her behaviour towards her mother, by insisting on being protected by no one but her mother from her anxiety at being alone and by barring the door to her in her anxiety if she tried to leave the house. Her mother had herself been very neurotic in the past, but had been cured years before in a hydropathic establishment. Or rather, she had there made the acquaintance of the man with whom she was able to enter into a relation that was in every way satisfying to her. The girl's passionate demands took her aback, and she suddenly understood the meaning of her daughter's anxiety: the girl had made herself ill in order to keep her mother prisoner and to rob her of the freedom of movement that her relations with her lover required. The mother quickly made up her mind and brought the obnoxious treatment to an end. The girl was taken to a sanatorium for nervous diseases and was demonstrated for many years as 'a poor victim of psycho-analysis'. All this time, too, I was pursued by the calumny of responsibility for the unhappy end of the treatment. I kept silence, for I thought I was bound by the duty of medical discretion. Long afterwards I learnt from one of my colleagues, who visited the sanatorium and had seen the agoraphobic girl there, that the *liaison* between her mother and the well-to-do friend of the family was common knowledge in the city and that it was probably connived at by the husband and father. Thus it was to this 'secret' that the treatment had been sacrificed.

In the years before the war, when arrivals from many foreign countries made me independent of the favour or disfavour of my own city, I followed a rule of not taking on a patient for treatment unless he was *sui juris*, not dependent on anyone else in the essential relations of his life. This is not possible, however, for every psycho-analyst. Perhaps you may conclude from my warning against relatives that patients designed for psycho-analysis should be removed from their families and that this

kind of treatment should accordingly be restricted to inmates of hospitals for nervous diseases. I could not, however, follow you in that. It is much more advantageous for patients (in so far as they are not in a phase of severe exhaustion) to remain during the treatment in the conditions in which they have to struggle with the tasks that face them. But the patients' relatives ought not to cancel out this advantage by their conduct and should not offer any hostile opposition to the doctor's efforts. But how do you propose to influence in that direction factors like these which are inaccessible to us? And you will guess, of course, how much the prospects of a treatment are determined by the patient's social *milieu* and the cultural level of his family.

This presents a gloomy prospect for the effectiveness of psycho-analysis as a therapy—does it not?—even though we are able to explain the great majority of our failures by attributing them to interfering external factors. Friends of analysis have advised us to meet the threatened publication of our failures with statistics of our successes drawn up by ourselves. I did not agree to this. I pointed out that statistics are worthless if the items assembled in them are too heterogeneous; and the cases of neurotic illness which we had taken into treatment were in fact incomparable in a great variety of respects. Moreover, the period of time that could be covered was too short to make it possible to judge the durability of the cures.[1] And it was altogether impossible to report on many of the cases, they concerned people who had kept both their illness and its treatment secret, and their recovery had equally to be kept secret. But the strongest reason for holding back lay in the realization that in matters of therapy people behave highly irrationally, so that one has no prospect of accomplishing anything with them by rational means. A therapeutic novelty is either received with delirious enthusiasm—as, for instance, when Koch introduced his first tuberculin against tuberculosis to the public[2]—or it is treated with abysmal distrust—like Jenner's vaccination, which was in fact a blessing and which even to-day has its irreconcilable opponents. There was obviously a prejudice

[1] [Freud recurred to this question in the *New Introductory Lectures* (1933*a*), *Standard Ed.*, **22**, 154, where the therapeutic value of psychoanalysis is again discussed.]

[2] [In 1890. Its promise was not fulfilled.]

against psycho-analysis. If one had cured a severe case, one might hear people say: 'That proves nothing. He would have recovered on his own account by this time.' And when a woman patient, who had already passed through four cycles of depression and mania, came to be treated by me during an interval after an attack of melancholia and three weeks later started on a phase of mania, all the members of her family—and a high medical authority, too, who was called in for consultation—were convinced that the fresh attack could only be the result of my attempted analysis. Nothing can be done against prejudices. You can see it again to-day in the prejudices which each group of nations at war has developed against the other. The most sensible thing to do is to wait, and to leave such prejudices to the eroding effects of time. One day the same people begin to think about the same things in quite a different way from before; why they did not think so earlier remains a dark mystery.

It is possible that the prejudice against analytic treatment is already diminishing. The constant spread of analytic teachings, the increasing number of doctors practising analysis in a number of countries seems to vouch for this. When I was a young doctor, I found myself in a similar storm of indignation on the doctors' part against treatment by hypnotic suggestion, which is now held up in contrast to analysis by people of 'moderate' views.[1] Hypnotism, however, has not fulfilled its original promise as a therapeutic agent. We psycho-analysts may claim to be its legitimate heirs and we do not forget how much encouragement and theoretical clarification we owe to it. The damaging results attributed to psycho-analysis are restricted essentially to passing manifestations of increased conflict if an analysis is clumsily carried out or if it is broken off in the middle. You have heard an account of what we do with our patients and can form your own judgement as to whether our efforts are calculated to lead to any lasting damage. Abuse of analysis is possible in various directions; in particular, the transference is a dangerous instrument in the hands of an unconscientious doctor. But no medical

[1] [Some striking evidence of the medical opposition to hypnotism will be found in an early review by Freud of a book on the subject by the well-known Swiss psychiatrist, August Forel. (Freud, 1889*a*, *Standard Ed.*, 1.]

instrument or procedure is guaranteed against abuse; if a knife does not cut, it cannot be used for healing either.

I have finished, Ladies and Gentlemen. It is more than a conventional form of words if I admit that I myself am profoundly aware of the many defects in the lectures I have given you. I regret above all that I have so often promised to return later to a topic I have lightly touched on and have then found no opportunity of redeeming my promise. I undertook to give you an account of a subject which is still incomplete and in process of development, and my condensed summary has itself turned out to be an incomplete one. At some points I have set out the material on which to draw a conclusion and have then myself not drawn it. But I could not pretend to make you into experts; I have only tried to stimulate and enlighten you.

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(1911*e*) 'Die Handhabung der Traumdeutung in der Psychoanalyse', *G.S.*, **6**, 45; *G.W.*, **8**, 350. (184)

[*Trans.*: 'The Handling of Dream-Interpretation in Psycho-Analysis', *C.P.*, **2**, 305, *Standard Ed.*, **12**, 91.]

(1912*b*) 'Zur Dynamik der Übertragung', *G.S.*, **6**, 53; *G.W.*, **8**, 364. (149, 287, 292, 374, 431)

[*Trans.*: 'The Dynamics of Transference', *C.P.*, **2**, 312, *Standard Ed.*, **12**, 99.]

(1912*c*) 'Über neurotische Erkrankungstypen', *G.S.*, **5**, 400, *G.W.*, **8**, 322. (350)

[*Trans.*: 'Types of Onset of Neurosis', *C.P.*, **2**, 113, *Standard Ed.*, **12**, 229.]

(1912*f*) 'Zur Onanie-Diskussion', *G.S.*, **3**, 324, *G.W.*, **8**, 332. (317)

[*Trans.*: 'Contributions to a Discussion on Masturbation', *Standard Ed.*, **12**, 243.]

(1912–13) *Totem und Tabu*, Vienna, 1913. *G.S.*, **10**, 3; *G.W.*, **9**. (254, 267, 332, 335, 355)

[*Trans.*: *Totem and Taboo*, London, 1950, New York, 1952; *Standard Ed.*, **13**, 1.]

(1913*a*) 'Ein Traum als Beweismittel', *G.S.*, **3**, 267, *G.W.*, **10**, 12. (182, 222, 227)

[*Trans.*: 'An Evidential Dream', *C.P.*, **2**, 133, *Standard Ed.*, **12**, 269.]

(1913*c*) 'Weitere Ratschläge zur Technik der Psychoanalyse: I. Zur Einleitung der Behandlung', *G.S.*, **6**, 84, *G.W.*, **8**, 454. (287,

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[*Trans.:* 'On Beginning the Treatment (Further Recommendations on the Technique of Psycho-Analysis, I)', *C.P.*, **2**, 342; *Standard Ed.*, **12**, 123.]

(1913*j*) 'Das Interesse an der Psychoanalyse', *G.S.*, **4**, 313, *G.W.*, **8**, 390. (377)

[*Trans.:* 'The Claims of Psycho-Analysis to Scientific Interest', *Standard Ed.*, **13**, 165.]

(1914*c*) 'Zur Einführung des Narzissmus', *G.S.*, **6**, 155, *G.W.*, **10**, 138. (390, 414–15, 416, 426, 428, 429)

[*Trans.* 'On Narcissism: an Introduction', *C.P.*, **4**, 30; *Standard Ed.*, **14**, 69.]

(1914*d*) 'Zur Geschichte der psychoanalytischen Bewegung', *G.S.*, **4**, 411; *G.W.*, **10**, 44. (83, 245, 286, 292, 346)

[*Trans.* 'On the History of the Psycho-Analytic Movement', *C.P.*, **1**, 287; *Standard Ed.*, **14**, 3.]

(1914*g*) 'Weitere Ratschläge zur Technik der Psychoanalyse: II. Erinnern, Wiederholen und Durcharbeiten', *G.S.*, **6**, 109, *G.W.*, **10**, 126. (444)

[*Trans.:* 'Recollecting, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis, II)', *C.P.*, **2**, 366, *Standard Ed.*, **12**, 147.]

(1915*a*) 'Weitere Ratschläge zur Technik der Psychoanalyse: III. Bemerkungen über die Übertragungsliebe', *G.S.*, **6**, 120; *G.W.*, **10**, 306. (431)

[*Trans.:* 'Observations on Transference-Love (Further Recommendations on the Technique of Psycho-Analysis, III)', *C.P.*, **2**, 377; *Standard Ed.*, **12**, 159.]

(1915*c*) 'Triebe und Triebschicksale', *G.S.*, **5**, 443, *G.W.*, **10**, 210. (323, 350, 360, 375, 415, 428)

[*Trans.:* 'Instincts and their Vicissitudes', *C.P.*, **4**, 60; *Standard Ed.*, **14**, 111.]

(1915*d*) 'Die Verdrängung', *G.S.*, **5**, 466; *G.W.*, **10**, 248. (286, 404, 410)

[*Trans.:* 'Repression', *C.P.*, **4**, 84, *Standard Ed.*, **14**, 143.]

(1915*e*) 'Das Unbewusste', *G.S.*, **5**, 480; *G.W.*, **10**, 264 (22, 286, 297, 360, 374, 409, 410, 422)

[*Trans.:* 'The Unconscious', *C.P.*, **4**, 98, *Standard Ed.*, **14**, 161.]

(1915*f*) 'Mitteilung eines der psychoanalytischen Theorie widersprechenden Falles von Paranoia', *G.S.*, **5**, 288, *G.W.*, **10**, 234. (267, 348, 426)

[*Trans.:* 'A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease', *C.P.*, **2**, 150; *Standard Ed.*, **14**, 263.]

(1916*c*) 'Eine Beziehung zwischen einem Symbol und einem Symptom', *G.S.*, **5**, 310; *G.W.*, **10**, 394. (157, 268)

[*Trans.:* 'A Connection between a Symbol and a Symptom', *C.P.*, **2**, 162; *Standard Ed.*, **14**, 339.]

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(1916–17) *Vorlesungen zur Einführung in die Psychoanalyse*, Vienna. *G.S.*, **7**; *G.W.*, **11**.
[*Trans.*: *Introductory Lectures on Psycho-Analysis*, revised ed., London, 1929 (*A General Introduction to Psychoanalysis*, New York, 1935); *Standard Ed.*, **15–16**.]

(1917*a*) 'Eine Schwierigkeit der Psychoanalyse', *G.S.*, **10**, 347; *G.W.*, **12**, 3. (209, 285)
[*Trans.*: 'A Difficulty in the Path of Psycho-Analysis', *C.P.*, **4**, 347; *Standard Ed.*, **17**, 137.]

(1917*c*) 'Über Triebumsetzungen insbesondere der Analerotik', *G.S.*, **5**, 268; *G.W.*, **10**, 402. (315)
[*Trans.*: 'On Transformations of Instinct as Exemplified in Anal Erotism', *C.P.*, **2**, 164, *Standard Ed.*, **17**, 127.]

(1917*d* [1915]) 'Metapsychologische Ergänzung zur Traumlehre', *G.S.*, **5**, 520, *G.W.*, **10**, 412. (237, 372, 419)
[*Trans.*: 'A Metapsychological Supplement to the Theory of Dreams', *C.P.*, **4**, 137; *Standard Ed.*, **14**, 219.]

(1917*e* [1915]) 'Trauer und Melancholie', *G.S.*, **5**, 535, *G.W.*, **10**, 428. (276, 427, 428)
[*Trans.*: 'Mourning and Melancholia', *C.P.*, **4**, 152; *Standard Ed.*, **14**, 239.]

(1918*a*) 'Das Tabu der Virginität', *G.S.*, **5**, 212; *G.W.*, **12**, 161. (267)
[*Trans.*: 'The Taboo of Virginity', *C.P.*, **4**, 217; *Standard Ed.*, **11**, 193.]

(1918*b* [1914]) 'Aus der Geschichte einer infantilen Neurose', *G.S.*, **8**, 439; *G.W.*, **12**, 29. (7, 185, 363, 371, 452)
[*Trans.*: 'From the History of an Infantile Neurosis', *C.P.*, **3**, 473; *Standard Ed.*, **17**, 3.]

(1919*a* [1918]) 'Wege der psychoanalytischen Therapie', *G.S.*, **6**, 136; *G.W.*, **12**, 183. (5, 290)
[*Trans.*: 'Lines of Advance in Psycho-Analytic Therapy', *C.P.*, **2**, 392; *Standard Ed.*, **17**, 159.]

(1919*d*) Einleitung zu *Zur Psychoanalyse der Kriegsneurosen*, Vienna. *G.S.*, **11**, 252; *G.W.*, **12**, 321. (274, 382)
[*Trans.*: Introduction to *Psycho-Analysis and the War Neuroses*, London and New York, 1921. *C.P.*, **5**, 83, *Standard Ed.*, **17**, 207.]

(1919*h*) 'Das Unheimliche', *G.S.*, **10**, 369, *G.W.*, **12**, 229. (2.6
[*Trans.*: "The "Uncanny" ", *C.P.*, **4**, 368, *Standard Ed.*, **17**, 219.]

(1920*g*) *Jenseits des Lustprinzips*, Vienna. *G.S.*, **6**, 191, *G.W.*, **13**, 3. (7, 246, 274, 374, 395, 414, 415)
[*Trans.*: *Beyond the Pleasure Principle*, London, 1961; *Standard Ed.*, **18**, 7.]

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(1922*a*) 'Traum und Telepathie', *G.S.*, **3**, 278; *G.W.*, **13**, 165. (223, 237)
[*Trans.*: 'Dreams and Telepathy', *C.P.*, **4**, 408; *Standard Ed.*, **18**, 197.]

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[*Trans.*: 'Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality', *C.P.*, **2**, 232, *Standard Ed.*, **18**, 223.]

(1923*b*) *Das Ich und das Es*, Vienna. *G.S.*, **6**, 353; *G.W.*, **13**, 237. (7, 175, 227, 246, 337, 407, 409, 416, 428)
[*Trans.*: *The Ego and the Id*, London and New York, 1962; *Standard Ed.*, **19**, 3.]

(1923*c*) 'Bemerkungen zur Theorie und Praxis der Traumdeutung', *G.S.*, **3**, 305; *G.W.*, **13**, 301. (117, 238)
[*Trans.*: 'Remarks on the Theory and Practice of Dream-Interpretation', *C.P.*, **5**, 136, *Standard Ed.*, **19**, 109.]

(1923*e*) 'Die infantile Genitalorganisation', *G.S.*, **5**, 232, *G.W.*, **13**, 293. (327)
[*Trans.*: 'The Infantile Genital Organization', *C.P.*, **2**, 244; *Standard Ed.*, **19**, 141.]

(1924*c*) 'Das ökonomische Problem des Masochismus', *G.S.*, **5**, 374; *G.W.*, **13**, 371. (275)
[*Trans.*: 'The Economic Problem of Masochism', *C.P.*, **2**, 255; *Standard Ed.*, **19**, 157.]

(1924*d*) 'Der Untergang des Ödipuskomplexes', *G.S.*, **5**, 423; *G.W.*, **13**, 395. (317)
[*Trans.*: 'The Dissolution of the Oedipus Complex', *C.P.*, **2**, 269; *Standard Ed.*, **19**, 173.]

(1925*d* [1924]) *Selbstdarstellung*, Vienna, 1934. *G.S.*, **11**, 119, *G.W.*, **14**, 33. (90, 287, 450)
[*Trans.*: *An Autobiographical Study*, London, 1935 (*Autobiography*, New York, 1935); *Standard Ed.*, **20**, 3.]

(1925*i*) 'Einige Nachträge zum Ganzen der Traumdeutung', *G.S.*, **3**, 172; *G.W.*, **1**, 561. (211, 232)
[*Trans.*: 'Some Additional Notes upon Dream-Interpretation as a Whole', *C.P.*, **5**, 150; *Standard Ed.*, **19**, 125.]

(1925*j*) 'Einige psychische Folgen des anatomischen Geschlechtsunterschieds', *G.S.*, **11**, 8, *G.W.*, **14**, 19. (246, 317, 333)
[*Trans.*: 'Some Psychological Consequences of the Anatomical Distinction between the Sexes', *C.P.*, **5**, 186; *Standard Ed.*, **19**, 243.]

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[*Trans.*: *Inhibitions, Symptoms and Anxiety*, London, 1960 (*The Problem of Anxiety*, New York, 1936); *Standard Ed.*, **20**, 77.]

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[*Trans.: The Future of an Illusion*, London, 1962; New York, 1928; *Standard Ed.*, **21**, 3.]

(1927*d*) 'Der Humor', *G.S.*, **11**, 402; *G.W.*, **14**, 383 (374)

[*Trans.*: 'Humour', *C.P.*, **5**, 215, *Standard Ed.*, **21**, 159.]

(1927*e*) 'Fetischismus', *G.S.*, **11**, 395, *G.W.*, **14**, 311. (349)

[*Trans.*: 'Fetishism', *C.P.*, **5**, 198, *Standard Ed.*, **21**, 149.]

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[*Trans.*: 'Female Sexuality', *C.P.*, **5**, 252, *Standard Ed.*, **21**, 223.]

(1931*d*) 'Das Fakultätsgutachten im Prozess Halsmann', *G.S.*, **12**, 412; *G.W.*, **14**, 541. (338)

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LIST OF ABBREVIATIONS

G.S	= Freud, *Gesammelte Schriften* (12 vols.), Vienna, 1924–34
G.W.	= Freud, *Gesammelte Werke* (18 vols.), London, from 1940
C.P.	= Freud, *Collected Papers* (5 vols.), London, 1924–50
Standard Ed.	= Freud, *Standard Edition* (24 vols.), London, from 1953
P.E.L.	= Freud, *The Psychopathology of Everyday Life*, *Standard Ed.*, Vols. IV and V
I. of D.	= Freud, *The Interpretation of Dreams*, *Standard Ed.*, Vol. VI

INDEX OF PARAPRAXES

The source of each parapraxis is given in brackets where it is other than Freud himself.

Bungled and Symptomatic Actions; Errors
breaking hydraulic press, 78–9
committee meeting wrongly dated, 57
husband unrecognized in street, 57–8
maiden name used to sign documents, 58
maiden name wrongly applied (Brill), 52–3
telephone call wrongly made, 78
train connection missed, 78
train wrongly taken, 77–8
wedding dress forgotten (Maeder), 58
wedding, time of, forgotten, 58

Forgetting Intentions; Lost Objects
book, present from wife, lost, 55
Caesar and Cleopatra (Bernard Shaw), 54
letter overlooked (Jones), 56
pencil, gift, lost (Dattner), 54
Roman gold medal lost, 56

Forgetting Names
Bisenz, 74
Italian wine, 111–12
Monaco, 111, 114
rival's name (Jung), 52

Misreadings
Agamemnon for *angenommen* (supposed) (Lichtenberg), 39, 70, 71
closet-house for corset-house, 70–1

Slips of the Pen and Misprints
'*Kornprinz*' for *Kronprinz* (Crown Prince), 30–1
'men' for 'mice or guinea-pigs', 69–70
self-seeking for unself-seeking (Stekel), 62

Slips of the Tongue
'*aufgepatzt*' for *aufgeputzt* (trimmed) (Reitler), 35
aufzustossen (hiccough) for *anzustossen* (drink to) (Meringer and Mayer), 32, 43, 49, 64, 147
'*apopos*', 43
'*beglent-digen*' for *begleiten* (accompany) (Rank), 33, 42, 51, 172
Briefkasten (letter-box) for *Brutkasten* (incubator) (Meringer and Mayer), 33
'*draut*' for *dauert* (lasts) (Meringer and Mayer), 42, 47
eat and drink what *I* want, 35, 41, 51–2, 63
'*Escheisweibchen*', 43

geneigt (inclined) for *geeignet* (qualified), 33, 41
Hose (drawers) for *Hause* (home), 63–4
Komfortabel (cab-driver, for *Connetable* (Constable), 31
Milo of Venus (Meringer and Mayer), 32
'on one finger' for 'on the fingers of one hand', 41, 63
Parliament, sitting of, closed (Meringer , 34, 35, 40, 47, 62
Portia's slip Shakespeare) (Rank,, 37 8
rückgratlos (spineless for *rückhaltlos* (unreserved) (Lattmann), 62
'*Schwest*' for *Brust* (breast) (Meringer and Mayer,, 32
Siemens and Halske, 34
'to her' for 'to the Duke' (Schiller), 37
Versuchungen temptations for *Versuche* ,experiments), 33
Vorschussmitg ieder (lending members, for *Vorstandsmitglieder* (officers) (Graf), 52
'*Vorschwein*' for *Vorschein* (appearance) (Meringer and Mayer), 42, 47, 63, 64, 100–1, 105

INDEX OF DREAMS

The names or descriptions in brackets are the dreamer's followed by the reporter's.

Aussee, lake, trip across (Child aged 3¼—Freud), 127, 129
Black-edged visiting card (Man—Freud), 197
Boys, two rows of (Scherner—Scherner), 95
Brother in box (Man—Freud), 121, 129
Brown dachshund (Medical student—Freud), 186–7
Cairo, shop in (Maury—Maury), 92, 94
Channel, English (Woman patient—Freud), 118–19
Cherries, basket of (Child aged 2½ months—Freud), 127
Church and landscape (Policeman's wife—Distorter), 193
Church bells (Hildebrandt—Hildebrandt), 92
Clock-man (Woman patient—Freud), 234–5
Crockery broken (Hildebrandt—Hildebrandt), 93
Customs officer (Foreigner—Freud), 195–6
Dachstein (Child aged 5¼—Freud), 127
Dead daughter (Woman patient—Freud), 202
Exhumed father (Patient—Freud), 188–90, 206
Explorers' dreams (Nordenskjold, Mungo Park, George Back), 133
Extensive view (Man—Freud), 121
God in a paper cocked-hat (Little girl—Freud), 118
Grandmother's food dream (Woman of 68—Freud), 132
Karntnerstrasse, a walk along (Young Man—Freud), 97
Kiss in automobile (Man—Freud), 235
'Love services' (Elderly lady—Hug Hellmuth), 137–9, 142, 143, 211
Low hanging chandelier (Woman patient—Freud), 191
Murderer in railway train (Patient—Freud), 197–8
Mustard plaster (Maury—Maury), 92
Officer in a red cap (Woman patient—Freud), 192
Orvieto wine (Maury—Maury), 92
Piano needs tuning (Young Woman—Freud), 97
Pope is dead (Freud—Freud), 94
Prater, a walk in the (Young man patient—Freud), 194–5
Pulling woman from behind bed (Man—Freud), 120–1
Σὰ Τρῶς (Alexander the Great—Artemidorus), 86, 236
Shape of a table (Male patient—Freud), 119–20
Sleigh bells (Hildebrandt—Hildebrandt), 93
Steep iron bridge (Man—Freud), 196–7
Strawberries (Child aged 19 months—Freud), 132
Three theatre tickets for 1 fl. 50 kr. (Woman patient—Freud), 122–5, 139–140, 178, 219–21, 224–5
Two black trunks (Foreigner—Freud), 195
Two sisters (Man patient—Freud), 196
Uncle smoking cigarette (Patient—Freud), 186

INDEX OF SYMBOLS

For things symbolized see the General Index

Apples, 156

Balloons, 155, 194
Beheading, 268
Being run over, 157
Blossoms, 158
Books, 156
Bottles, 156
Boxes, 156, 161
Breaking, 267, 300
Bushes, 156

Cases, 156, 191
Castle, 163
Cavities, 156
Chapels, 156, 193
Chests, 156, 157, 191
Churches, 156, 193
Citadel, 163
City, 163
Climbing, 157
Cloaks, 155, 157, 193
Clocks, watches, 266, 300
Clothes, 153, 158
Clover-leaf, 163
Crafts, 157
Cupboards, 156

Daggers, 154
Dancing, 157
Departure, 153, 161
Doors, 156, 158, 159, 162

Emperor and Empress, 153, 159
Extensible pencils, 155

Falling, 267, 300
Falling out of tooth, 156, 164–5
Fire-arms, 154
Fishes, 155
Flame, 162
Fleur-de-lis, 164
Flowers, 158
Flying, 155
Flying-machines, 155
Foot, 156
Fortress, 163
Fountains, 155
Fruit, 156, 158

Gardens, 158
Gates, 156, 159
Gliding, 156

Hammers, 155
Hand, 156
Hanging-lamps, 191
Hats, 155, 157
Head, 268
Hearth, 162
Hills, 158
Hollows, 156
Horseshoe, 164
House, 153, 159, 162

Instruments, 155

Jewel-case, 156
Jewels, 156

Keys, 158
King and Queen, 153, 159
Knives, 154

Ladders, 158, 164
Landscape, 158, 162, 193
Limbs, 156
Linen, 158

Materials, 156, 159–60, 167
Mouth, 156
Mushroom, 164
Mussels, 156

Nail-files, 155
Necktues, 157–8

Ovens, 162
Overcoats, 155, 157

Paper, 156
Peaches, 156

Pencils, 155
Pen-holders, 155
Piano playing, 156
Pig, 164
Pillow, 267–8
Pistols, 154
Pits, 156, 195
Playing, 156
Plough, 163
Pockets, 156, 157
Posts, 154
Pulling off a branch, 156, 164, 191, 195
Pulling out of tooth, 156, 164–5

Receptacles, 156
Reptiles, 155
Revolvers, 154
Riding, 157
Rifles, 154
Rocks, 158
Rooms, 156, 158, 162–3

Sabres, 154
Sharp weapons, 154, 157
Ships, 156, 162
Shoes, 158
Sliding, 156
Slippers, 158
Small animals, 153
Small child, 157
Snails, 156
Snakes, 155
Spears, 154
Staircases, 158, 192, 195
Steps, 158, 193
Sticks, 154
Stoves, 156
Suite of rooms, 197–8
Sweets, 156

Tables, 156, 158, 162, 262
Threatening with weapons, 157
Three, 154, 163–4, 193, 220
Tools, 163, 167
Train journey, 153
Treasure, 156
Trees, 154, 191
Triskeles, 164
Trunks, 156, 195
Two sisters, 196

Umbrellas, 154
Underclothing, 158
Uniforms, 153, 158

Vermin, 153
Vessels, 156, 161, 267

Watches and clocks, 266, 300
Water, 153, 160–1
Watering-cans, 155
Water-taps, 155
Weapons, 154, 157, 167
Wild animals, 158
Windows, 158, 159
Wood, 156, 158, 159–60
Woods, 156, 193

Zeppelins, 155

GENERAL INDEX

This index includes the names of non-technical authors It also includes the names of technical authors where no reference is made in the text to specific works For references to specific technical works, the Bibliography should be consulted —The compilation of the index was undertaken by Mrs. R. S. Partridge.

Abraham, K. (*see also* Bibliography), 415
Absent-mindedness, 28–9, 36, 44–6
Abstract ideas represented in dreams, 175–6
Activity and passivity, 327
Actual neuroses, 385–90, 391 *n.*, 398, 429
Adler, A. (*see also* Bibliography), 380–1, 397 *n.* 2, 398 *n.* 3, 406
  secession of, 208 *n.* 1, 245 *n.* 2
Affect
  in dreams, 90–1, 214–15
  nature of, 395–6
  neurotic anxiety as, 395–7, 403–4, 409
  words and, 17, 214–15
Aggressive impulses, 403, 407
Agoraphobia, 264, 270, 399–400, 460
Alexander the Great, 18–19, 86, 236
Alexandrian science, 285
Allusion as technique of displacement, 174, 233
Altruism, 418
Ambiguity, verbal, 173–4
Ambivalence, emotional, 332, 427–428, 451
Amnesia (*see also* Forgetting)
  in neurotic patients, 282–4
  infantile, 76, 199–201, 204, 210, 283, 312–13, 326
Ampère, A.-M., 296
Anaclitic (attachment) object-choice, 426–7
Anagogic dream-interpretation, 237
Anal erotism, 305, 308, 314–16, 327–9, 343
Analogies
  amoeba and pseudopodia, 416, 421
  apple-tree and bean, 324–5
Analogies—*cont.*
  blacksmith who escaped hanging, 174–5
  cambium layer in tree-trunk, 444
  caterpillar and butterfly, 328
  chemical analysis, 48–9
  child's clenched fist, 116
  criminal and sanctuary, 288
  entrepreneur and capitalist, 226
  façade of Italian church, 181
  frontier control, 234
  housemaid with knowledge of Sanskrit, 165
  intercommunicating channels filled with liquid, 309–10, 345
  judge and defendant, 50–1
  lecture on *Alexander the Great*, 18–19
  lion and camel on cliff path, 385
  members of theatrical company, 381
  migrant male sex glands, 339–40
  migrant nerve-cells in fish, 340
  migrant tribes, 339, 341
  minerals and rocks, 390
  nature reserves, 372
  night-watchman, 129, 217
  photographic negative, 295
  piece of breccia, 181–2
  poetical article reduced to visual terms, 175–7
  robbery on a dark night, 45–6
  small traces lead to detection of murder, 27
  surgical operation, 459
  toothache at the dentist, 287
  trivial indications of love returned, 27
  unmusical strumming on piano, 87, 90, 126
  watchman guarding door to drawing-room, 295–7

Ananke (*see also* Necessity), 355, 430
Andreas-Salomé, L. (*see also* Bibliography), 4–5
Animal phobias, 399–400
Animals, 354, 369, 414
Anna O., case of, 274 and *n.* 1, 279–80, 292
Anthropology, 165
Anticathexis, 360, 375, 381, 410–11, 437
Antithetical meaning of primal words, 179, 229–30
Anxiety, neurotic (*see also* Fear; Fright; Phobias), 7, 9–10, 245 *n.* 1, 246 *n.*, 392–411, 460
  and birth-trauma, 396–7, 407
  and expectation, 398, 401–2
  and repression, 401–4, 409–11, 425
  as affect, 395–7, 403–4, 409
  as transformed libido, 401–12, 425, 430
  equivalents for, 401–2
Anxiety, realistic, 393–4, 401, 404–409, 411, 430
Anxiety-dreams, 91, 131, 214–19, 221, 272
Anxiety hysteria, 270, 289, 299, 363–4, 390, 400–1, 403, 409, 445, 447
Anxiety neurosis, 386 *n.* 1, 390, 392 *n.* 1, 398, 402, 404, 437–8
Archaic character of dreams, 180, 199–212, 223–4, 457
Aristander, 236
Arrian, 18
Art, 22, 169, 375–7
Artemidorus of Daldis (*see also* Bibliography), 86
Association of ideas (*see also* Free Association), 46, 47 *n.*, 63, 68, 74–5
Attention and parapraxes, 29–30, 44–6, 68
Auto-erotism (*see also* Masturbation), 235, 314, 318, 329, 355, 366, 369–70, 416
'Avoidances', 254

Back, G., 133
Basement and First Floor, parable of, 352–4, 378
Bassanio (in *The Merchant of Venice*), 37–8
Belle Hedène, la (by *Offenbach*), 108
Bernheim, H. (*see also* Bibliography), 103, 110, 277, 446, 448–9
Bestiality, 208–9
Bible, the, 161–2
Biological factors, 320, 413–14
Birth
  and waking equated, 88–9
  hysterical symptoms imitate, 303
  infantile theories of, 317 *n.* 4, 318–19
  symbols for, 153, 160–2, 180
Birth-trauma, 396–7, 407
Bisexuality, 237
Breuer, E., 109, 427
Böcklin, A., 172
Body, human, symbols for, 153, 159
Book of the Dead, the, 161
Boys'
  relation to father, 189–90, 290, 332–3, 335–8
  relation to mother, 207, 332–8
Breast
  child's relation to, 274, 313–14, 323, 327–9, 366
  symbols for, 156, 158, 159
Breuer, J. (*see also* Bibliography), 83 *n.* 1
Breughel, P., 305
Brooding, obsessional, 309
Brothers and sisters
  relations between, 204–5, 210–318, 325, 333–4
  symbols for, 153
Brücke, E. W. von, 340
Budapest, Psycho-Analytical Congress at, 5 *n.* 2, 290 *n.* 1
Bungled actions, 28–9, 44–5, 54, 56, 67, 77–9

Caesar and Cleopatra (by *G. B. Shaw*), 53–4
Cases
  of *Anna O.*, 274 and *n.* 1, 279–80, 292
  of '*Dora*', 156 *n.* 2, 185 *n.* 1, 222 *n.* 1, 384 *n.*, 431 *n.*
  of *Elisabeth von R.*, 292 *n.* 3
  of '*Little Hans*', 176 *n.* 1, 310 *n.* 4, 315 *n.* 5, 364 *n.*, 400 *n.*
  of '*Rat Man*', 266 *n.*, 301 *n.* 2, 337 *n.* 1
  of *Senatspräsident Schreber*, 166 and *n.*, 422 *n.*, 424 *n.* 1 and 2

Cases—*cont*
of '*Wolf Man*', 7, 185 *n.* 1, 363 *n.*, 371 *n.* 1, 452 *n.*
Castration
complex, 197, 208, 317–18
symbols for, 156–7, 164–5, 268
threat of, 369, 371
Cathexis, libidinal, of objects, 336 *n.* 2, 338
Censorship
and repression, 217, 295–7, 349
in formation of symptoms, 365
of dreams, 139–43, 146–7, 149, 168, 170, 173–4, 199, 201, 211–212, 214, 216–20, 233, 297, 360, 419, 429
of the press, 139
Chance actions (*see* Symptomatic actions)
Character-traits, 260, 291, 298, 318, 378, 380–1, 398
Charcot, J.-M., 145 and *n.*
Charles, King, in *Uhland's* poem, 197
Chemical basis of sexuality (*see also* Toxic factors), 320
Childhood impressions
and phantasies, 367–70
as source of dreams, 106, 199–200, 210
forgetting of, 76, 199–201, 204, 210, 283, 312–13, 326
Children (*see also* Infantile)
dreams of, 91, 126–36, 213, 362
egoism of, 322–4
neuroses of, 363–4
object-choice in, 325, 327–9, 336
polymorphous perversion of, 209, 311–16, 322–6
symbols for, 153, 159
Chinese language and script, 230–1
Circumcision and castration, 165
Civilization
and psycho-analysis, 389
and the instincts, 22–3, 311–12
Claustrophobia, 399
Cleanliness, obsessional, 270, 309, 400
Clitoris, 155, 266–7, 318
Coitus interruptus, 401–2
Columbus, Christopher, 257
Combinatory paranoia, 66–7, 439
Complemental series, 347 and *n.*, 362, 370
Component instincts, 316, 323, 327–8, 343, 345, 361–2, 374
Composite structures in dreams, 171–2
Condensation
in dreams, 171–3, 178, 182–3, 188, 190, 297, 366
in jokes, 172, 235
in screen memories, 200–1
in slips of the tongue, 33, 41, 172
in symptom-formation, 359, 366, 391
Conscience, 11, 429
Consciousness
admissibility to, 293–6, 331, 342, 403, 430
nature of, 212
psycho-analysis returns repressed material to, 294, 435–6, 438, 455
relation of ego to, 359–61
relation of preconscious to, 343
relation of unconscious to, 295–7, 409–10, 422
Constancy, principle of, 356–7, 357 *n.* 1, 375 and *n.*
Contraries (*see* Opposites)
Conversion hysteria, 299, 390, 400
Copernicus, 284–5
Coprophilia, 305
Counter-will, 71–4
Creative writing, 99, 163, 166, 206, 208, 375–7
Cuneiform, deciphering of, 232

Danger and anxiety, 394–6, 399–401, 404–10, 430
Dark, fear of, 400, 407
Darwin, Charles, 285, 396 *n.* 1
Dattner, B., 193 *n.*
Dauphin, the (son of *Louis XIV*), 102 and *n.* 2, 154
Day-dreams (*see also* Phantasies), 98–9, 104, 130, 138, 372–6
Day's residues, 97, 106, 122–3, 127–128, 131, 212, 226–7, 238, 297, 419
Death
dreams after a, 187–90, 234–5
fear of, 403
symbols for, 153, 161, 196–7
Death-instinct, 414 *n.* 2
Death-wish, 143–4, 189, 196, 202–6, 331, 334, 336

Defence (*see also* Anticathexis; Censorship; Reaction-formations; Repression; Sublimation), symptoms as mechanisms of, 269, 309, 410–11
Degeneracy, 260–1, 278, 307
Delusions, 26, 84–5, 254–5, 257, 381, 427
  of jealousy, 248–53, 424, 427
  of observation, 428
  of persecution, 26, 424–5
Dementia praecox, 269, 390, 415, 420–2, 424, 438–9, 453, 458
Determinism, 28, 106–9
Diderot, D., 337–8
Diodorus, 18
Diphasic onset of symptoms, 301
Disgust, 365–6
Displacement
  by allusion, 174, 233
  in dreams, 140, 173–4, 182–3, 190, 192, 196, 218, 252, 297, 366
  in memory, 200
  in obsessional neurosis, 259
  in symptom-formation, 366, 391
Distortion
  in dreams, 114, 117, 120–1, 124, 126–43, 147–9, 168, 170–1, 180–2, 192, 201, 210–11, 213–219, 373
  in slips of the tongue, 32, 35, 42
'*Dora*', case of, 156 *n.* 2, 185 *n.* 1, 222 *n.* 1, 384 *n.*, 431 *n.*
Doubt
  in dreams, 178
  in obsessional neurosis, 178 *n.* 2, 259–61, 266, 289, 290 *n.* 1, 292
Dowden, E., 418 *n.* 2
'Dream-book' method of dream-interpretation, 150
Dream-content (manifest)
  as product of dream-work, 120, 181–2, 236
  censorship and, 138–9, 297, 310
  effect of distortion upon, 114, 117, 120–1, 124, 132, 134–5, 140, 181–2
  relation to latent dream-thoughts, 96 *n.*, 113–25, 128–9, 135, 140–1, 149, 170–83, 215, 222–5, 228, 234, 236
Dream-interpretation
  'anagogic', 237
  by dream-books, 150
Dream-interpretation—*cont.*
  by the dreamer, 101, 104–5, 114–15, 184–5
  in antiquity, 85–7, 151, 236
  technique of, 100–26, 129, 141, 149–52, 170–3, 184–6, 221–2, 228–39, 287–8, 456
Dreams (*see also* Anxiety-dreams)
  absurdity of, 91, 96–7, 114, 124–5, 178
  affect in, 90–1, 214–15
  after a death, 187–90, 234–5
  and sensory stimuli, 86–97, 104, 128–34, 136, 215, 238
  and sleep, 88–9, 92–4, 104, 128–131, 135, 143, 217–18, 297, 360, 417, 419
  archaic character of, 180, 199–212, 223–4, 457
  arousal, 88, 92–4, 217
  as guardians of sleep, 129, 131, 143, 217, 360, 417
  as psychical phenomena, 100–2, 144
  censorship of (*see* Censorship)
  compared to jokes, 235–6
  compared to parapraxes, 84, 87, 89, 100–1, 105, 107, 110–13, 130–1, 136
  compared to waking life, 89–91, 142, 174, 199
  condensation in (*see* Condensation)
  displacement in (*see* Displacement)
  distortion in (*see* Distortion)
  during psycho-analysis, 184–5, 237–8
  egoism of, 142–3, 192, 203, 417
  experimentally produced, 92
  forgetting of, 84–5, 91
  gaps in, 138–9
  hallucinatory character of, 129, 131, 136, 213
  have a sense, 83, 87, 91, 98, 100, 143, 221, 257–8, 269
  indistinctness of, 84–5, 91, 118, 139
  intellectual activity in, 175–6, 182
  matter-of-fact, 96–7, 106, 117, 126, 190–1
  of children, 91, 126–36, 213, 362
  of convenience, 134–5
  of emission, 134
  of one night, 177, 191

Dreams (*see also* Anxiety-dreams)—*cont.*
over-interpretation of, 173, 228
perversion in, 210, 338
premonitory, 85–6
punishment, 219, 221
recurring, 91
regression in (*see* Regression)
speeches in, 182–3
strangeness of, 89–90, 96, 98, 168
symbolism in, 7, 122, 149–70, 185, 193, 199, 211, 228–9, 262
triviality of, 84–5, 119–20
typical, 272, 331
visual imagery in, 90, 96, 121, 170, 175–7, 180, 182–3, 229
wish-fulfilment in (*see* Wish-fulfilment)
words in, 121, 180–1
Dream-thoughts (latent) 96 *n.*, 113–125, 128–9, 135, 140–1, 149, 170–83, 215, 222–5, 228, 234, 286
Dream-work, 96, 120, 136, 141, 166, 170–83, 186, 188, 190, 199, 211–15, 222–4, 228–9, 235–6, 238
Du Bois-Reymond, E., 34
Dyspnoea, 401

Economic factors, 275, 356, 374–5, 378, 418
Education, 209, 311–12, 315, 355–6, 364–5, 408, 429, 451
Ego
and onset of neurosis, 359, 380–4, 387
reaction-formations of, 375, 381
relation of consciousness to, 359–61
repressive forces of, 147, 298, 352, 359, 373, 380, 382, 410–12
resistance of, 219, 298, 437–8
structure and development of, 7, 11, 351, 354, 357, 379, 415, 428–9, 438
Ego-censor, 429
Ego ideal, 428–9
Ego-instincts (*see also* Self-preservation, instinct of), 346, 350–2, 354, 359–60, 386–7, 405, 410, 412–14, 420, 430, 438, 454–7
Ego-interest, 414 and *n.* 2, 417, 419–20
Egoism and narcissism differentiated, 417–18
Ego-libido, 414 *n.* 2, 416–22, 429–30
Ego-syntonic trend, 350
Egyptians, ancient
art of, 327
hieroglyphics of, 179, 229–30
incest and, 335
Elisabeth von R., case of, 292 *n.* 3
Ellis, Havelock, 416 *n.* 1
Epistemophilic instinct, 327–8
Erection, symbol for, 155
Erotogenic zones, 308, 314–15, 322, 328, 388
Erotomania, 424
Errors, 26, 30, 57, 60, 67, 75
Euripides, 331
Excitation, sums of, 356–7, 375
Excretory functions, 209, 305, 308, 314–16, 319, 323, 327
Exhibitionism, 306
Expectation and anxiety, 398, 400–2
External world (*see* Reality)

Faeces (*see also* Excretory functions)
equated with baby, 319
equated with money, 315
Fairy tales, 158–9, 166, 187, 216, 219, 318
Family complex, 333–5
Fate, 77
Father
boy's relation to, 189–90, 290, 332–3, 335–8
girl's relation to, 207, 269, 273, 275, 333–4, 337, 370
Father-transference to doctor, 455–6
Fatigue, 28–9, 36, 44–6, 417
Faust (*Goethe*), 355 *n.* 1
Fear (*see also* Anxiety, Fright, Phobias)
of the dark, 398, 400, 407
of death, 403
of heights, 407
of madness, 403
of solitude, 399, 407
of strangers, 405–7
Fechner, G. T. (*see also* Bibliography), 90 and *n.*
Fetishism, 305, 348–9
Fixation
of libido, 340–2, 344, 346–9, 352, 359–62, 364, 367, 373, 416, 421
to traumas, 273–6, 361–2, 364–6

Flaubert, G., 305
Fliegende Blätter, 28, 385
Fliess, W. (*see* also Bibliography), 201 *n.* 3, 235 *n.* 2, 329 *n.* 2, 384 *n.*
Flight into illness, 382
Folklore, 158–9, 167
Fontane, T., 372
Foot fetishism, 348–9
Forel, A., 462 *n.*
Forgetting (*see also* Amnesia), 29, 44, 57–8, 326
  of dreams, 84–5, 91
  of impressions, 67, 76, 283–4
  of intentions, 25, 28, 53–4, 60, 67, 71–4
  of names, 25, 28–30, 52–3, 60, 67, 74–6, 110–12, 114
  repeated, 56
Franklin, J., 133
Free association (*see also* Association of ideas)
  experiments in, 107–10
  in dream-interpretation, 106–13, 115, 118–19, 123, 141, 149–52, 287–9, 292, 456
Fright, 395

Gain from illness, 383–5
Galton, F., 172 *n.* 1
Genital
  primacy, 326–8, 343, 345
  zone, 314, 316–17, 322–5
Genitals, female
  and castration complex, 317, 369
  symbols for, 156–63, 167, 191, 195, 266–8
Genitals, male, symbols for (*see* Phallic symbols)
Girls'
  relation to father, 207, 269, 273, 275, 333–4, 337
  relation to mother 207, 264, 269, 333, 337
God, 28
Goethe, 38, 39 *n.*, 337–8, 355 *n.* 1, 418–19
Graves' disease, 388
Guilt, sense of, 11, 331–2

Hadrian, the Emperor, 86
Hamlet, 335
'*Hans, Little*', case of, 176 *n.* 1, 310 *n.* 4, 317 *n.* 5, 364 *n.*, 400 *n.*
Heights, fear of, 407
Heine, 52 *n.* 2
Helen (in *Offenbach's Belle Hélène*), 108
Helmholtz, H. von, 94
Hereditary factors, 251, 254, 354–5, 361–2, 374, 378, 408, 431–2, 457
Herodotus, 162
Hieroglyphics, 179, 229–30
Hitschmann, E., 232
Hoffmann, F., 369
Homosexuality, 208, 304–5, 307–8, 316
  and narcissism, 426–7
  and persecution mania, 424–5
  and the transference, 442–3
Horus, 327
Hug-Hellmuth, H. von (*see also* Bibliography), 142
Hunger, 132–4, 192, 313, 412
Hypercathexis, 374 and *n.* 2
Hypnosis, 103–4, 143, 292, 446, 448–53, 462
Hypochondria, 390, 419
Hysteria (*see also* Anxiety hysteria; Conversion hysteria)
  Breuer's work on, 257, 269, 274–5, 279–80
  compared to the narcissistic neuroses, 420–2, 447
  compared to obsessional neurosis, 258, 260, 283–4, 301, 343, 375, 381
  curability of, 437–8, 445
  transference in, 445
Hysterical
  amnesia, 283–4
  attacks, 284, 396 and *n.* 1
  identification, 428
  phantasies, 9–10, 381
  phobias, 409
  symptoms, mechanism of, 237, 303, 308–9, 324, 361, 375, 379–80, 387, 391
  vomiting, 271

Id, 11
Identification, narcissistic and hysterical, 427–8
Imago, 168
Impotence, 402
Incas of Peru, 335
Incestuous impulses (*see also* Oedipus complex), 142–4, 208–10, 334–335, 338, 341, 343–4

Infantile (*see also* Childhood; Children,
  amnesia, 76, 199–201, 204, 210, 283, 312–13, 326
  masturbation, 325
  narcissism, 204, 210, 424, 429, 446, 455
  phobias, 405–9
  sexual researches, 191–2, 220, 225, 317–19, 326, 334
  sexual theories, 191, 192 *n.* 2, 209, 317 *n.* 4, 318–19
  sexuality, 208–10, 310–20, 322–7, 361, 364
Infantilism, 323, 352
Inhibition, 339
  developmental, 364
Insomnia, 218, 268
Instincts (*see also* Component instincts; Death-instinct; Ego-instincts; Nutritive instinct; Self-preservation, instinct of; Sexual instinct), 11, 22–3, 239, 246 *n.*, 311–12, 361, 436, 444–5
Interpretation of dreams (*see* Dream-interpretation)
Introversion (*Jung*), 374, 376
Inversion, sexual (*see* Homosexuality)
Issus, Battle of, 18

James-Lange theory, 396
Janet, P. (*see also* Bibliography), 257
Jealousy
  delusions of, 248–53, 424, 427
  of younger children, 204–5, 318, 325, 333–4
  sexual, 197
Jenner, E., 461
Jocasta, 330–1, 338
Jokes, 43–4, 122, 158–9, 161, 163, 172, 174, 197 *n.* 2, 234–6
Joseph II, the Emperor, 432
Jung, C. G. (*see also* Bibliography), 7, 109, 208 *n.* 1, 245 *n.* 2, 346 *n.*, 374, 413
Jungfrau von Orleans, die (by *Schiller*), 31

Kissing, 304, 322, 324
Koch, R., 461

Latency period, 326–7, 332
Legends, 368
Leuret, F. (*see also* Bibliography), 257
Libido (*see also* Sexual instinct)
  adhesiveness of, 348, 455
  development of, 320–40, 345–57, 379–80
  fixation of, 340–2, 344, 346–9, 352, 359–62, 364, 367, 373, 416, 421
  narcissistic, 414 *n.* 2, 416–22, 429–30, 447
  object-, 416–22, 424, 427, 446–7, 453–5
  regression of, 339–44, 359–66, 373–4, 409–12
  sublimation of, 345–6, 375–6, 402, 455
  theory, 142, 313, 412–30, 453–6
  transformed into anxiety, 401–12, 425, 430
Lichtenberg, J. G. von (*see also* Bibliography), 38–9, 70
Liébeault, A., 103
Linguistic usage, 98, 130–1, 159, 166, 178–80, 229–30
'*Little Hans*' (*see* '*Hans, Little*')
Losing, 26, 54, 60, 67, 77
Louis XIV, 102 *n.*
Love, being in, 417–18, 420, 441
Löwenfeld, L., 245 and *n.* 1, 386 *n.* 1

Macbeth, 96, 397
Macduff, 397
Mueder, A. (*see also* Bibliography), 58
Magic, 17
Man and Superman (by *G. B. Shaw*), 205
Manic-depressive states, 428, 462
Marriage of Figaro, the, 40 *n.* 2
Marriage, symbols for, 197–8
Masculine and feminine, 237, 327
Masochism, 306
Masturbation (*see also* Auto-erotism), 301, 304, 309, 314, 316–18, 353, 370, 386
  infantile, 325
  symbols for, 156–7, 164, 188, 190, 195
Matratzengruft, Aus der (by *Heine*), 52 *n.* 2
Médecin malgré lui, le (by *Molière*), 281 *n.* 1
Medicine and psycho-analysis, 15–17, 19–20, 178, 393, 450
Medulla oblongata, 393

Megalomania, 415, 424
Meinl, J., 247
Melancholia, 276 and *n.* 2, 427, 438–9
Melissa of Corinth, 162
Memory (*see also* Amnesia; Forgetting; Mnemotechnics; Screen memories), 74–5, 200, 367, 435, 452–3
Men, symbols for, 153, 157–8
Menopause, 403
Merchant of Venice, the, 37–8
Micturition (*see also* Excretory functions), 315, 319, 327
Migraine as cause of parapraxes, 28–9, 36, 45
Mishearing, 25, 67
Mislaying, 25–6, 44, 54–7, 60, 67, 77
Misprints, 30–1
Misreading, 25, 31, 44, 67, 70–1
Mnemotechnics, 75
Molière, 281
Morality, 142–3, 147, 211, 331–2, 431, 434
Moses, 11, 19, 161
Mother as child's love-object, 207, 329–38, 407
Motility, 359, 394–5
Mourning, 276
Munich, 135, 186
Myths, 158, 160–2, 164, 165–7, 169, 172, 335, 389

Nakedness, symbols for, 153, 158
Names
  distortion of, in parapraxes, 74–6, 110–12, 114
  experiments with, 107–8
  forgetting of, 25, 28–30, 52–3, 60, 67
Nancy, 103, 448
Narcissism, 7, 414 *n.* 2, 416–18
  and egoism differentiated, 417–18
  and homosexuality, 426–7
  infantile, 204, 210, 424, 429, 446, 455
  of sleep, 417, 420–1
Narcissistic
  identification, 427–8
  libido, 414 *n.* 2, 416–22, 429–30, 447
  object-choice, 426
Necessity, 355, 357, 412, 430
Necrophilia, 305–6
Negative does not exist in dreams, 178
Nestroy, J., 321 *n.*, 352
Neurasthenia, 17, 390
Neuroses (*see also* Actual neuroses; Anxiety neurosis; Children, neuroses of; Hysteria; Narcissistic neuroses; Obsessional neurosis; Transference neuroses; Traumatic neuroses; War neuroses)
  and fixation of libido, 346, 348–9, 352
  and frustration, 346, 348–9, 352
  and tendency to conflict, 352–4, 378
  curability of, 457
  medical view of, 450
  Oedipus complex as nucleus of, 329, 332, 335, 337, 341
  onset of, 349, 359, 363, 380–4, 387
  precipitating cause of, 382, 391, 453
  predisposition to, 347, 364–6, 406
  prevention of, 364–5
  sexual aetiology of, 22, 246 *n.*, 264, 269, 298–301, 319, 328, 339, 348–52, 362–3, 380–403, 433
  theory of, 83, 168, 185, 222, 239, 243, 291–2, 375, 379–81
  traumatic aetiology of, 246 *n.*, 273–6, 346–7
Neurotic symptoms (*see* Symptoms)
Neurotics
  characteristics of, 260, 291, 298, 318, 378, 380–1
  compared to normal persons, 297–8, 456–7
  psycho-analysis of, 15, 167–8, 300, 307, 326–7, 335, 453–4
  tendency to transference in, 439–446
Neveu de Rameau, le (by *Diderot*), 337–8
Nimrod, 19
Normal persons
  compared to neurotics, 297–8, 456–7
  dreams of, 83–4, 98, 185, 297–8, 456–7
  mental processes of, 368
  sexual development in, 309–10, 317–19, 322–3, 339, 386, 391, 415

Numbers
as symbols, 163–4, 220
experiments with, 107
in dreams, 182
Nutritive instinct, 313–14, 328–9

Oberländer, A., 385
Object-choice
anaclitic (attachment), 426–7
at puberty, 336–7
development of, 329, 345–6
in children, 325, 327–9, 336
incestuous, 329, 336–7, 341, 343–4
mother's breast as prototype of, 314, 328–9
narcissistic, 426
perverted, 304–8, 327, 348, 426–7
regressive, 341, 343–4, 361, 365
Object-libido, 416–22, 424, 427, 446–7, 453–5
lack of, in psychosis, 415–16
Obscenity and parapraxes, 43
Obsessional
acts, 259, 261–6, 270, 276–8, 282–3, 299, 308–9, 404
brooding, 309
ceremonial, 259, 264–70, 278, 283, 299–301, 400
cleanliness, 270, 309, 400
doubt, 178 *n.* 2, 259–61, 266, 289, 290 *n.* 1, 292
ideas, 85, 197, 258, 278, 344, 420, 427
impulses, 258–9, 278
Obsessional neurosis, 85 *n.*, 258–73, 275–8, 282–4, 299–301, 309, 343–4, 375, 380–1
anxiety screened by symptoms in, 404
compared to hysteria, 258, 260, 283–4, 301, 343, 375, 381
compared to the narcissistic neuroses, 420–2, 447
curability of, 437–8
resistance in, 287 *n.*, 289–90, 292
transference in, 445
Octavio (in *Schiller's Wallenstein*), 37
Oedipus complex, 207–8, 317 *n.* 5, 329–38, 341, 363
Offenbach's La Belle Hélène, 108
Omens and auguries, 58–9
Oppert, J., 232
Opposites
imply no contradiction, 76–7, 259, 301
representation by, in dreams (*see* Reversal)
substitution of, in parapraxes, 33–4, 41
Oral erotism, 305, 308, 313–14, 316, 327–9
Organic illness, 291, 417, 419–20
Organ-pleasure, 323–5, 328
Orgasm, 321–2, 324
Orifices, bodily, symbols for, 158, 159
Over-interpretation of dreams, 173, 228
Ovid, 215 and *n.* 1

Palpitations as hysterical symptom, 401
Pantheism, 20 *n.* 1
Paranoia, 308, 381, 390, 423–9, 438–9, 453, 458
combinatory, 66–7, 439
persecutory, 424–6
Paraphrenia, 390, 424
Parapraxes (*see also* Bungled actions; Errors; Forgetting; Mishearing; Mislaying; Misreading; Slips of the pen; Slips of the tongue), 8, 25–79, 100–5, 193, 456
and diversion of attention, 29–30, 44–6, 68
compared to dreams, 84, 87, 89, 100–1, 105, 107, 110–13, 130–1, 136
defined, 25 and *n.*
have a sense, 35–6, 40–61, 66, 87, 257–8, 269
in creative writing, 36–7, 53–4
result from conflict of intentions, 44, 46, 60–6, 70–4, 126
somatic factors and, 28–30, 36, 44–6, 60–1, 68
Parental intercourse, 267–8, 299, 318, 369–71
Parents
and children, relations between (*see also* Father; Mother; Oedipus complex), 189–90, 203–8, 210, 220, 225, 429
symbols for, 157, 159
Paris's song in *Offenbach's Belle Hélène*, 108

Park, Mungo, 133
Parricide, 335
Passions, evil, symbols for, 158
Passive sexual attitude, 327, 402
Penis-envy in girls, 318
Perception, external, 295 *n.* 1
Periander of Corinth, 162
Periodicity, 320
Persecution, delusions of, 25, 424–6
Persecutory paranoia, 424–6
Perversion, 7, 208–9, 301–2, 304–16, 319–26, 344, 348–9, 352, 354, 359, 416
  in dreams, 210, 338
  of children (polymorphous), 209, 311–16, 322–6
Pfister, O., 233
Phallic
  phase, 327 *n.*
  symbols, 154–8, 162–4, 167, 191, 193–4, 268, 300
Phantasies (*see also* Day-dreams), 98–9, 246 *n.*, 268–9, 370, 373–4, 453
  ambitious, 98, 372
  and formation of symptoms, 268–269, 367, 373–4, 394
  and reality, 70, 367–72, 374–6
  hysterical, 9–10, 381
  primal, 7, 369–71, 371 *n.* 1
  psychotic, 453
  retrospective, 336, 367–72
  seduction, 370–1
  sexual, 301, 306, 309, 314, 370–1
  unconscious, 373, 376, 391
  wish-fulfilment in, 98, 372
Philosophy, 20, 97–8
Phobias (*see also* Agoraphobia; Claustrophobia), 398–9, 403, 405, 407–11
  animal, 399–400
  hysterical, 409
  infantile, 405–9
  railway, 399–400, 407
Phylogenetic inheritance, 199, 354–355, 371, 378, 406, 411
Piccolomini, Max (in *Schiller's Wallenstein*), 36–7
Pleasure principle, 75 *n.* 2, 314–15, 356–7, 359, 375, 382, 395
  and reality principle, 357, 366, 371–2
Plutarch, 18, 236
Poincaré, President, 43
Portia (in *The Merchant of Venice*), 37–8
Preconscious system, 235, 296–7, 342–3, 360, 373, 433
Pregenital sexuality, 327–8
Prehistoric man, 406
'Pressure' technique, 292 *n.* 3
Primal
  phantasies, 7, 369–71, 371 *n.* 1
  scene (*see* Parental intercourse)
Primitive man, 254, 335, 406
Prisoner's Dream, the (picture by *Schwind*), 135
'Prospective purpose' in dreams (*Maeder*), 236–7
Psychiatry, 16–17, 20–1, 250–1, 260, 278, 423–4
  and psycho-analysis, 254–5, 257, 423
Psycho-analysis
  and civilization, 389
  and psychiatry, 254–5, 257, 423
  and religion, 167, 169, 389
  criticisms of, 15–16, 21–2, 26–7, 48–9, 79, 151–2, 169, 207, 233, 244–6, 284–5, 329, 380, 461–2
  lifting of repressions in, 296, 435–438, 445, 447, 450–3
  obstructed by patient's relatives, 458–62
  of neurotics, 15, 167–8, 300, 307, 326–7, 335, 453–4
  resistance to (*see* Resistance)
  therapeutic aspect of, 7, 15, 20, 255–8, 261, 279–81, 287, 299, 384, 431–9, 443–63
  uncovers unconscious mental processes, 389, 435–6, 438, 445, 454–5
Psycho-analytic technique (*see also* Free association; Pressure technique), 6, 17–19, 49, 83, 101, 221, 389, 452, 457–61
  'fundamental rule' of, 115 and *n.*, 287 and *n.*, 288–9, 440
Psycho-Analytical Congress at Budapest, 5 *n.* 2, 290 *n.* 1
Psychology, experimental, 20
Psychoneuroses (*see* Neuroses,
Psychoses (*see also* Dementia praecox; Manic depressive states; Melancholia; Paranoia; Paraphrenia), 257, 260, 415, 422 *n.*, 423, 429–30, 457 *n.*

Puberty, 190, 208, 311–12, 317, 319, 327, 329, 336, 348, 353, 365, 369, 403
-rites, 165, 335
Pubic hair, symbols for, 156
Punishment dreams, 219, 221

Quality, 374–5, 457
Quantity, 356, 358, 373–5, 418 *n.* 1, 457
Questenberg (in *Schuler's Wallenstein*), 37

Railway phobia, 399–400, 407
Rank, O. (*see also* Bibliography), 5, 168
'*Rat Man*', case of, 266 *n.*, 301 *n.* 2, 337 *n.*
Rawlinson, H. C., 232
Reaction-formations of the ego, 375, 381
Reality
and anxiety, 393–4, 401, 404–9, 411, 430
and phantasy, 367–8
frustration by, 314–15, 355, 359
-principle, 357, 366, 371–2, 412, 416
-testing, 372
Regression
and repression, 341–4
in dreams, 180–1, 183, 185, 199, 210–12, 223–4
of libido, 339–44, 359–66, 373–4, 409–12
of the ego, 357
two kinds of libidinal, 343
Reitler, R., 57 *n.*
Relatives of patient obstruct psycho-analysis, 458–62
Religion, 28, 167, 169, 332, 389
Repeat, compulsion to, 7, 270, 274
Repression
and anxiety, 401–4, 409–11, 425
and censorship, 217, 295–6, 344
and dreams, 217–18, 226, 297, 419, 429, 456–7
and regression, 341–4
and symptom-formation, 294, 297–301, 359–61, 365, 456–7
as exclusion from consciousness, 293–6, 331, 342, 403, 430
as function of the ego, 147, 298, 352, 359, 373, 380, 382, 410–12
Repression—*cont.*
demonstrated by resistance, 294, 379, 384, 436–8, 447
forgetting as outcome of, 326
lifting of, in creative art, 376
lifting of, in psycho-analysis, 435–8, 445, 447, 450–3
process of, compared to that of dementia praecox, 421
theory of, 286 *n.* 1, 294–8, 379–80
Reproductive function, 303–4, 311, 316, 319–22, 324, 328, 339, 345
Resistance
and character-traits, 291, 298, 318
and transference, 290–1, 291 *n.* 2, 440, 443
demonstrates repression, 294, 379, 384, 436–8, 447
in narcissistic neuroses, 423
intellectual, 284, 292–3
of ego, 291, 298, 437–8
overcoming of, in psycho-analysis, 291, 437–8, 445, 447, 451–3, 458–9
to dream-interpretation, 115–17, 119, 141, 143–7
to findings of psycho-analysis (*see* Psycho-analysis, criticisms of)
to psycho-analysis, 252–3, 286–94, 298, 350, 461–2
Revenge, 143
Reversal, as a means of representation in dreams, 178, 180, 190, 192, 219, 228–9
Roux, W., 361
Royal Asiatic Society, The, 232

Sachs, H. (*see also* Bibliography), 168
Sadism, 306, 309, 327–8, 343
Salzburg, 5
Sargon of Agade, King, 160–1
Schelling, F., 20 *n.* 1
Schuler, F., 31, 36–7
Schreber, Senatspräsident, case of, 166 and *n.*, 422 *n.*, 424 *n.* 1 and 2
Schwind, M. von, 135
Scopophilia, 220, 225, 306, 309, 322, 325, 327–8, 369
Screen memories, 200–1
Secondary revision, 182, 381, 403
Seduction, 369–70
phantasies, 370–1

Self-preservation, instinct of, 351, 384, 394, 408, 411–13, 414 *n.* 2, 429–30
Self-punishment, 77
Sensory stimuli (*see* Stimuli)
Sensual excitement, symbols for, 158
Sex-distinction, infantile view of, 317–18
Sexual abstinence and neuroses, 434–5
Sexual aetiology of the neuroses, 22, 246 *n.*, 264, 269, 298–301, 319, 328, 339, 348–52, 362–3, 380–403, 433
Sexual aim, 23, 305, 307, 322–3, 325, 329, 375
Sexual anaesthesia in women, 318, 402
Sexual freedom (a 'full life') versus asceticism, 432–5
Sexual instinct (*see also* Libido), 22–3, 134, 142, 303–19, 345–6
  in conflict with ego-instincts, 346, 350–2, 354, 386–7, 405, 412–14, 420, 438, 454–7
Sexual intercourse, 303, 305, 316, 322–4, 326, 356, 391
  infantile theories of, 318–19
  parental, 267–8, 299, 318, 369–71
  symbols for, 157–8, 164, 167, 192–5
Sexual phantasies, 301, 306, 309, 314, 370–1
Sexual researches of children, 191–2, 220, 225, 317–19, 326, 334
Sexual symbolism, 153–67, 188, 190–5, 266–8, 300
Sexual theories of children, 191, 192 *n.*, 209, 317 *n.* 4, 318–19
Sexuality
  definition of, 303–5, 320–1, 324–5
  normal, 309–10, 317–19, 322–3, 339, 386, 391, 415
  pregenital, 327–8
Shakespeare, 37–8, 96, 161, 335
Shaw, G. B., 53–4, 205
Siemens, W. von, 34
Sleep
  and dreams (*see* Dreams and sleep; Dreams as guardians of sleep)
  and waking life, 89–91, 98
  ceremonials connected with, 264–270
Sleep—*cont.*
  characteristics of state of, 88–90, 104, 417, 420–1, 456
Slips of the pen, 31, 44–5, 60, 67, 69–70
Slips of the tongue, 25–8, 30–7, 40–52, 60, 62–9, 100–1, 103, 105, 147, 235
Social environment, 311–12, 315, 345, 429, 432, 461
Sociology and psycho-analysis, 167
Solitude, fear of, 399, 407
Solomon, Song of, 161–2
Sophocles, 330–1
Speech, origins of, 167
Speeches in dreams, 182–3
Sphinx, riddle of the, 318
Stekel, W. (*see also* Bibliography), 397 *n.* 2
Stimuli, sensory
  and dreams, 86–97, 104, 128–34, 136, 215, 238
  and pleasure principle, 356–7, 375
Strangers, fear of, 405–7
Struwwelpeter (by *Hoffmann*), 369
Sublimation, 23, 345–6, 375–6, 402, 442, 455
Suggestion, 31, 446–55, 462
Suicidal impulses, 427
Super-ego, 11
Symbolism
  as a phylogenetic heritage, 199
  in antiquity, 161–4
  in creative writing, 163, 166
  in dreams, 7, 122, 149–69, 170, 185, 193, 199, 211, 228–9, 262
  interpretation of, 453
  sexual, 153–67, 188, 190–5, 266–268, 300
Symptomatic actions, 61, 107, 246–248, 250, 253
Symptoms, neurotic
  and repression, 294, 297–301, 359–61, 365, 456–7
  as defence mechanisms, 269, 309, 410–11
  as product of conflict, 349–50, 358–9
  as substitute satisfactions, 280, 293–4, 297–301, 307–9, 319, 344, 350, 358–60, 365, 387, 391, 445, 454
  compared to dreams, 83, 183, 224, 239, 297, 360, 366

Symptoms, neurotic—*cont.*
curability of, 168, 279–81, 358, 435–6, 448–55, 462
diphasic onset of, 301
have a sense, 83, 239, 257–72, 277–9, 280–4, 378–9, 456
interpretation of, 261–71, 279, 298, 301, 307–9, 385
mechanism of, 20–1, 74–5, 255, 297, 358–87, 390–1, 404–6, 421, 433, 445, 456–7
'typical', 270–2
'whence', 'whither' and 'why' of, 277, 284
wish-fulfilment in, 251–2, 299, 300–1, 360, 366

Taboos, 254
Talbot, W. H. Fox, 232
Tanner, John (in *Shaw's Man and Superman*), 205
Tannhäuser, 321
Tentation de Saint Antoine, la (by *Flaubert*), 305
Thirst, 132–4, 192, 215, 412
Three Wishes, the, fairy story, 216, 219
Thumb-sucking, 314, 327, 369
Totemism, 335
Toxic factors (*see also* Chemical basis of sexuality), 388–9, 391, 396
Transference, 17–18, 149 *n.* 2, 439–47, 451–6, 462
negative, 443, 445, 451, 453
neuroses (*see also* Hysteria; Obsessional neurosis), 341, 350–1, 379, 385, 387, 390, 414–15, 420–3, 429, 445, 453
-resistance, 290–1, 291 *n.* 2
Trauma of birth, 396–7, 407
Traumatic
aetiology of the neuroses, 246 *n.*, 273–6, 346–7
neuroses, 274, 381–2
situation, 273–6, 281, 319, 347, 361–6
Trenck, Baron, 133
Typical
dreams, 272, 331
symptoms, 270–2
Tyre, siege of, 86, 236

Uhland, J. L., 197
Uncanny, the, 399
Unconscious, the
and dreams, 113–14, 116, 119–20, 151, 201, 222–3, 235
and repression, 294–7, 331–2, 342, 359, 379–80, 419
in normal persons, 457
meaning of the term, 7, 113, 210–12, 227, 294–5, 437, 463 *n.*
relation to consciousness, 295–7, 409–10, 422
Unconscious mental processes
existence of, 21–2, 101–4, 109, 143–5, 183, 223, 239, 255, 277–9, 284
uncovered by psycho-analysis, 389, 435–6, 438, 445, 454–5
Unpleasure, 75–6, 356–7, 375, 383–384, 395–6

Vagina, 317–18
Verbal (*see also* Linguistic usage; Words)
ambiguity, 173–4
assonance, 157 *n.* 3, 174
Vertigo, 401
Vienna
Psycho-Analytical Society (*see also* Bibliography), 349 *n.*, 397 *n.* 2
University of, 5, 9
Virginity, 267, 300
symbols for, 158
Visual imagery in dreams, 90, 96, 121, 170, 175–7, 180, 182–3, 229
Vomiting, hysterical, 271

Waking life and dreams, 89–91, 98, 142, 174, 199
Wallace, A. R., 285
Wallenstein (by *Schiller*), 36–7
War
neuroses, 274, 382
of 1914–18, 5, 7, 16, 43, 71, 74, 137, 139, 146, 330, 462
Weaning, 366
West-östlicher Diwan (by *Goethe*), 418–19
Wish-fulfilment
in bungled actions, 77–9
in dreams, 128–36, 142–9, 155, 170, 192, 194, 213–27, 238, 297, 299, 360, 419, 456
in phantasies, 98, 372

Wish-fulfilment—*cont.*
in symptoms, 251 2, 299, 300–1, 360, 366
'*Wolf Man*', case of, 7, 185 *n.* 1, 363 *n.*, 371 *n.* 1, 452 *n.*
Womb
and sleep, 88
symbols for, 156
Women
sexual development of, 155, 246 *n.*, 253, 402
symbols for, 153, 156–63
Words (*see also* Linguistic usage; Verbal)
and affect, 17, 214–15
experiments with, 109–10
in dreams, 121, 180–1
magical nature of, 17
Wundt, W. (*see also* Bibliography), 46, 109

Zola, É., 260
Zurich school, 109

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standardeditiono16freu

standardeditiono16freu

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